DHMH - 16 60M 7/B4

(VRA 15, 4)

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230 BURIAL, CREMATION, REMOVAL 236 DATE Buria1 8/28/86

24 FUNERAL DIRECTOR

224 PHYSICIAN'S NAME ITYPE OR PRINT

Tarring Funeral Home, P.A. Aberdeen, MD, 210010-3399

23c NAME OF CEMETERY OR CREMATORY Churchville Presby.

22e ADDRESS

PHYSICIAN

STATE OF MARYLAND

23d LOCATION

DIRECTOR PHYSICIAN

STATE

STATE

COUNTY

22¢ DATE

76 HOUR

17h KIND OF BUSINESS OR

INDUSTRY

Hawkins

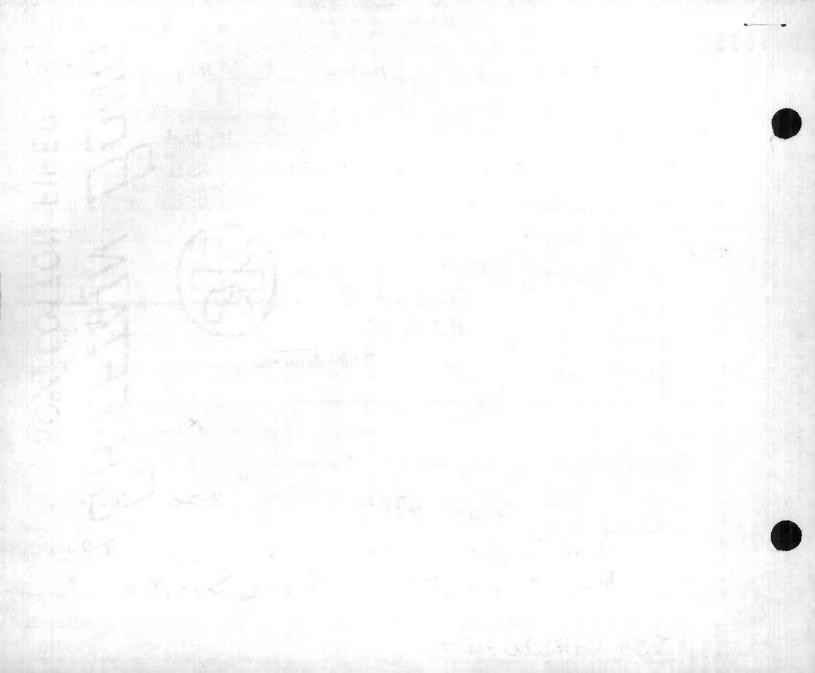
21028

Churchville, Harford, MD

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20 DATE OF DEATH MONTH DAY 26 HOUR 520 (TYPE OR PRINT) MArgareT BALLARD 08 20 86 3. SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS Female DAY YEAR 03 27 07 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED AFFORD DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 176 "USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY +ALLSTON DUNN USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE YORK Park . BOX 162 ATHER'S NAME MLLIAN 17 INFORMANT (YES NO OR UNKNOWN) I IF YES GIVE WAR OR DATEST APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one couse per line for (a PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF racemual temocetage Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206 IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? bri IN CERTIFYING CAUSES OF DEATH? YES T NO [Hygier 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 21 LOCATION 71e PLACE OF INJURY à. CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220 | certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive on and that in (my) (aur) opinion death occurred on the date and haur and from the causes stated abave the wey did I did not view the body ofter death 226. SJON ATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN D MPORTANT 22e ADDRESS 22d. PHYSICIAN STRAME SYPE OR PRINTING ould be 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DAJE DHMH - 16 60M 7/B4 (VRA 15, 4)

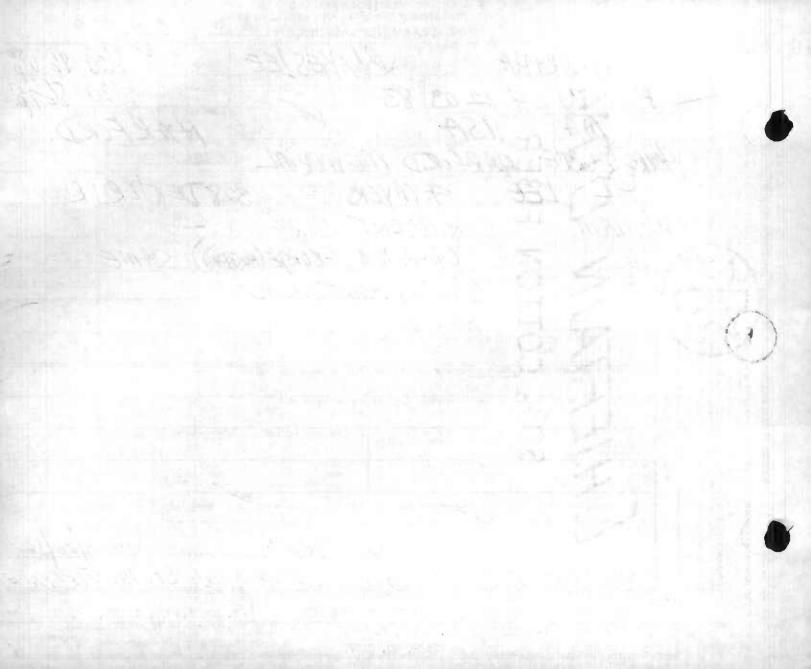
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STATE OF MARYLAND

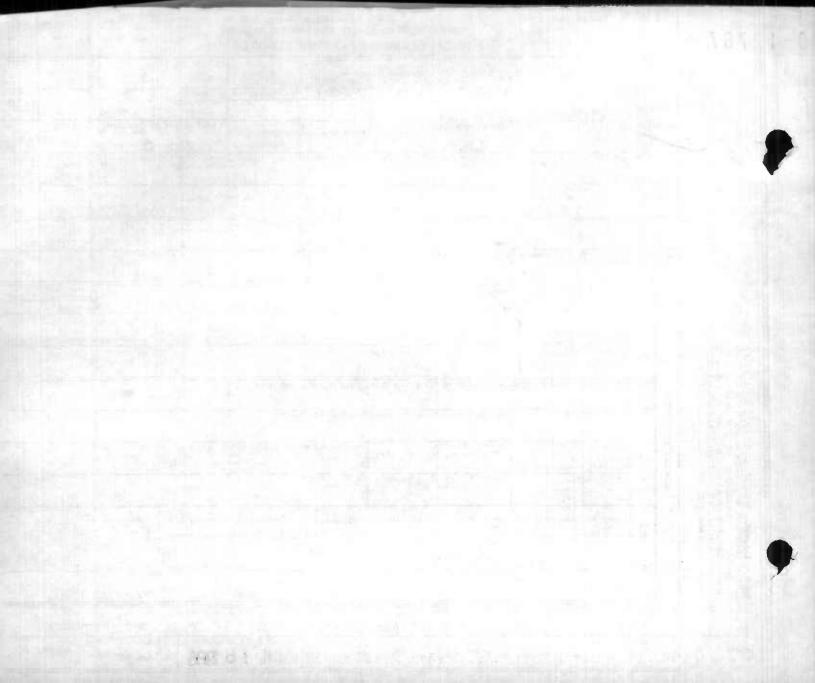
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DIVIS	R: THIS CERTIFICATE SH TE, WRITING THE WOR RWARDED TO THE CH RE, PAGE 3 SHOULD BU E STATE DEPARTMENT D, 21201 PRIOR TO BU	MEDICAL	214 INJURY OCCURRED WHILE DOT WHILE AT WORK AT WORK	71e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	PILLOCATION STREET	CITY OR TOWN	COUNTY STATE
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	CAL EX. THE GER SHOULD FIRAL DIR SATH, WI	1	ACTUAL SIGNATURE	шеру	M.D. JULE (SPECIFY)		DATE SIGNED 8/20/86
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BACTIMORE, M	33	EXAMINER'S NAME 41'5 E	RENJEL MY		VIANCE St. F.	HIREDO GRACE
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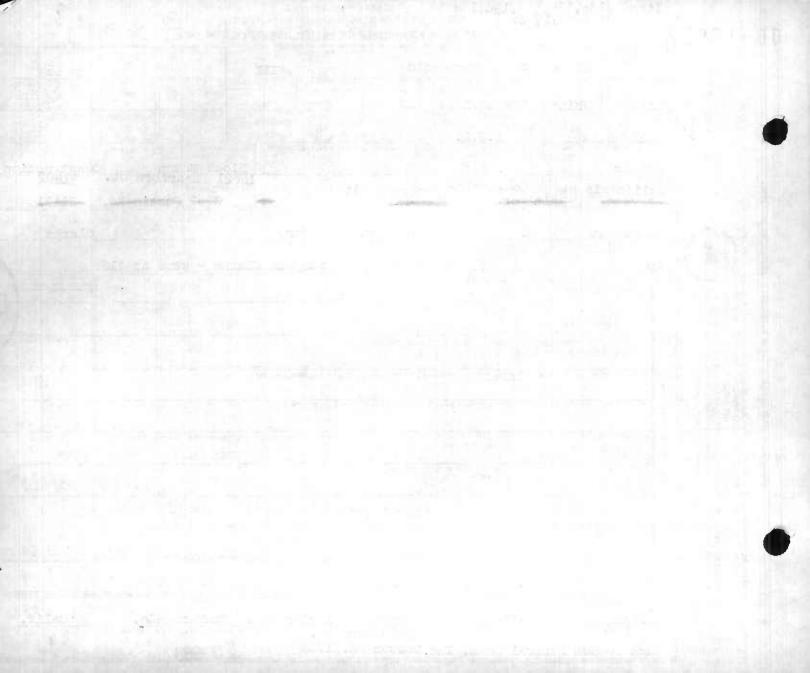


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINTS PEARL August 21, 1986 ESTELLE BOWLING 3:00 AM IF UNDER 1 YEAR 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS. 4 RACE July 9, 1904 Female White 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Virginia Harford County USA WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION D CITY OF TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Fallston. Fallston General Hospital Housewife USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 134 INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY 13c CITY OR TOWN Harford 617 Pamela Drive Maryland Abinadon NOTE 21009 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE (wooknown) Martin Fdgar Cook Minnie **ADDRESS** 21050 16h SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 578-70-8956 Charles E. Kesecker, 2259 Adv Road Forest Hij no BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF URINARY TRACT INFECTION Canditions, if ony, which gove rise to immediate DUE TO, OR AS A CONSEQUENCE OF RENAL CELL CARCINOMA cause (a), stating the underlying couse last. 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 71a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH 19 LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN LAT HOME, STREET, FACTORY, OFFICE FARM ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from... sow the deceased alive on abave, (l) (we) (did) (did not) view the body after death and that in (my) (our) apinion death occurred an the date and hour and from the causes stated 22c DATE SIGNED DEGREE ATTENDING , 8-21-86 PHYSICIAN DIRECTOR PHYSICIAN MPORTANI ld be of 270 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 125 N. Main St., Bel Air, Md. 21014 Andrew Nowakowski, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Bethel Cemetery Burial Aug. 23, 1986 Sleepy Creek Morgan BP 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Fulia Davidoon forglasses Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

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	IF ANY DELAY IS NECESSARY, PLEASE 3, AND 3 TO THE FUNERAL DIRECTOR. 3. RETAIN PAGE 5 FOR YOUR FILES. 3. SHOULD BE FILED, WITHIN 72 HOURS 4. RECORDS, 201 W. RESTON STREET,	FOI	REIGN COUNTRY)		17/10	.S.A.			MARR	ED NEV	ER MARRIE DIVORCE			arfor	_				
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BALTIMORE, MD. 21201	SHE SHE	(YE	S, NO, OR UNKNO		WAR OR DATE	5)							113.						
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2138	ANY DE STAIN RETAIN POUD BENEARLY BETAIN POUD BENEARLY BE		AL RESIDENCE (IF IN NURSING HOME OF TATE 136. SOUN	OR OTHER INSTITUTION, GIVE SESIDEN	rendevigrac	SE 134 INSIDECITY LIMITS?	13e STREET ADDRESS	EBNKLI	WS 21078
RE.MD.	A SECOND		James A	MIDDLE Brown	LAST	15. MOTHER'S MAID	MIDDLE	Golle	1AST
ALTHRO	A PTER C	(A		MED FORCES? WAR OR DATES) 2	9-142-	77 Mr. Ja		DORESS	rrisville Rd. 21161
ON ST.	M HOUR ONG W PERMIT SIENE, DI		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSEI IMMEDIA	D BY: TE CAUSE (a)	CORONA	ny Hear	+ Disea	141	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
V. PREST	WITHIN 3 NCIL IN I INER AL RANSIT ITAL HYC R REMO	7	Canditions, if any, which gave rise to immediate cause (a) stating the under-	(b)	A	scup			
N. 201 V	ECUTED IN PE	12	lying cause last.	(c)		WIATE OR CONCURS OF THE			
RECORD	UID BE EX "PENDINE EF MEDICA ED AS A B HEALTH A HEALTH A	NO	PART 2 OTHER SIGNIFICANT CONDITIONS			N WAS PERFORMED?	ART 1 (g)		20 AUTOPSY?
FVITAL	SE S	CERTIFICATION	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY		HOW INJURY OCCURR	FD (ENTER NATURE OF INJURY)	IN ITEM 16 PART 1 OR PAR	YES NO
DIVISION OF VITAL	G THE TO THE HOULD MARTANIE	MEDICALC	UNDERLYING OR CONTRIBUTING CAUSE OF I	HOUR A.M. MONT DEATH P.M. 21e PLACE OF INJUR	H DAY YEAR	LOCATION			
NO NO	THIS WAR PAGI 2120	ME	WHILE DOT WHILE T			STREET	CITY OR TOWN	COU	NTY STATE
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: , WITH THE SAMARYLAND,			ge of the remains described all		Inspection . Inspection	Undetermined manne	and in my api	inian
	SE S		SIGNATURE TUE	, 6/6	cu	Depue	MEDICAL EXAMINE	R DATE SIGNEI	8-19-86
	TO MED EXECUTE PAGE 4 TO FUN AFTER D BALTIMO	23a.B	EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMOVAL 2	3b DATE 230	. NAME OF CEMETER	ADDRESS 46	Y QILIA	vce 11	14. W
07/84 25M	BP		UNERAL DIRECTOR	Aug. 22, 1986 G		25a. DATE	REC'D. BY REGISTRAR	Mills, Ba	CNATURE
	(VR A15 ME (5))		Leonard J. Ruc	k Inc. Baltim	ore, Mary	land AU	6211986	una Davidson	

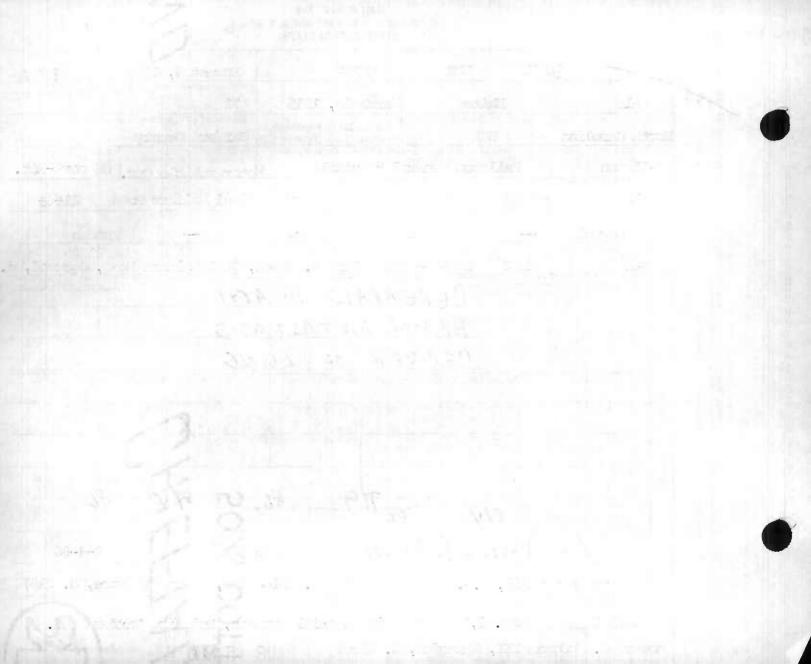
- to finall Mrs. Hones J. Brown 1815, Norman St. 1. Sportl. ork Legence J. mek luc. Saltimore, Maryland . Aid 12 835

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO FIRST DECEASED NAME 20 DATE KNOWN 26 HOUR CTYPE OR PRINTI OF ESTI-Alverta DEATH MATED Anna Bull 1 10 19 86 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 3 AM DATE LAST BIRTHDAY) PRONOUNCED White Female DEAD 25,1921 65 10 10 86 ITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Harford County. WIDOWED W DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Fallston General Hospital Fallston Clerk Pharmacy SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Harford Bel Air 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland 109 south Main Street 21014 YES 5 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Virginia Tracey John Duncan Laura Thomas 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT 16b. SOCIAL SECURITY NO Ellicott City, Md. 21043 (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! no 166-12-4499 June B. Calcutt, 2889 Evergreen Way, 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 218 PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an Inspection death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant: 8/11/86 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto, MD. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Aug. 13.1986 Bel Air Memorial Gardens 07/84 Burial Harford 25M 24. FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 his Davidson-Acadelle (VR A15 ME (5))

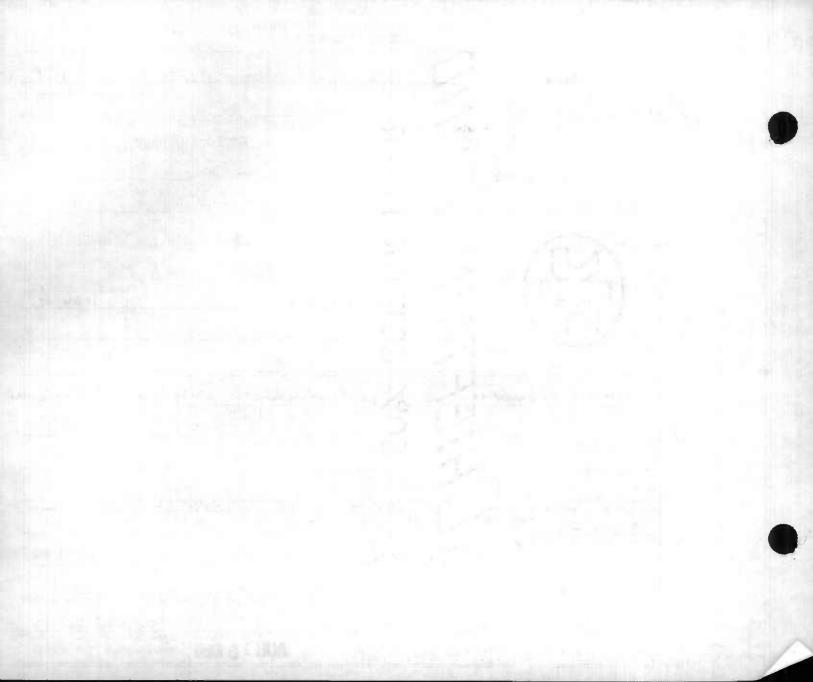
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 2b. HOUR CONNTE LEE CHEEK August 4, 1986 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR March 20, 1915 White Male BIRTHPLACE INTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED North Carolina Harford County USA WIDOWED DIVORCED 1). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Fallston US govt-Ret. Fallston General Hospital Motor vehicle Opr USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)

13b COUNTY
13c CITY OR TOWN

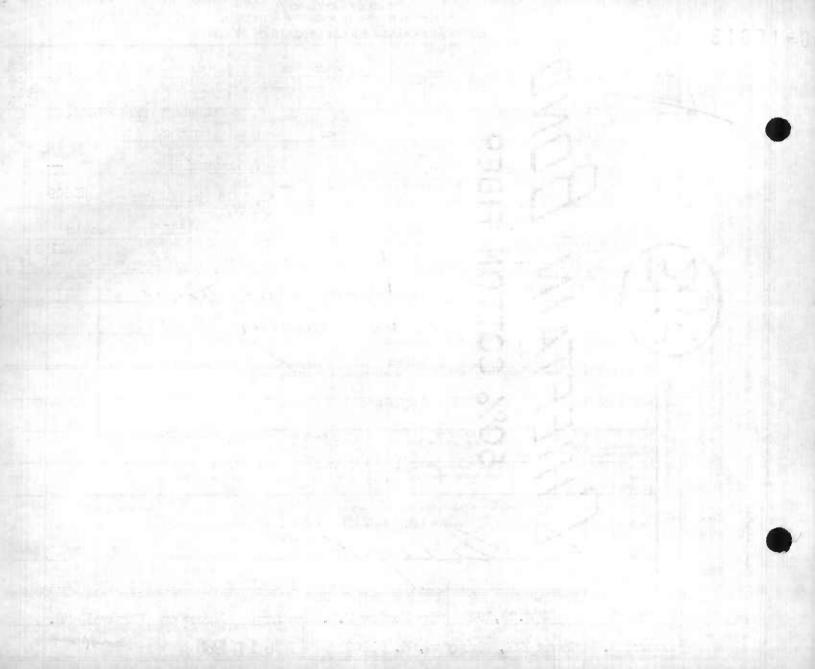
Harford Edgewood Edgewood 13d. INSIDE CITY LIMITS? 3801 Walters Road Maryland 21049 NOX YES [15 MOTHER'S MAIDEN NAME M FATHER'S NAME MIDDLE MIDDLE Brooks Cheek Samuel Cora ADDRESS 166 SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 21040 (IF YES, GIVE WAR OR DATES) LYES NO OR UNKNOWN) Lura A. Cheek, 3801 Walters Road, Edgewood, Md. 238-10-9166 Yes WII APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METASTASIS Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. 20a AUTOPSY? 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 218 PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this haspital) attended, the deceased fram and that in (my) (aur) apinian death accurred an the date and hour and fram the couses stated saw the deceased alive an_ above, (1) (we) (did) (did not) view the bady after death SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN 8-4-86 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 622 S. Union Ave, Havre de Grace, Md. 21078 Dante Monakil, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Aug. 9,1986 Bel Air Memorial Gardens, Bel Air Harford Burial 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 Truke Davidson Randalle Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)



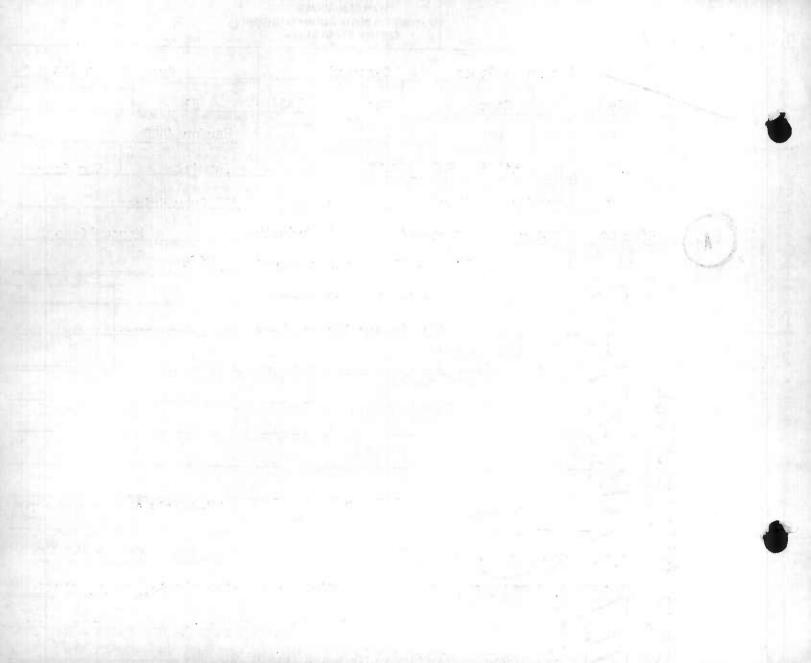
STATE OF MARYLAND



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	2000000	1	- CORPRINT	Laura		Alice		Coc	per			OF DEATH	MATED 3	8/:	14	186	12 ³⁰	
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	URS AF		18 CAUSE O	F DEATH (Enter or	nly ane cause per line	far (a), (b), and (c).)								AP	PROXIMATE		
PRESTON ST.,	WITHIN 24 HOUI VCIL IN ITEM 18. INER ALONG W RANSIT PERMIT. TAL HYGIENE, E R REMOVAL.	-	PARTIDE	ATH WAS CAUSE	:D BY: TE CAUSE (o)		Cons	DNA	RY ,	Hear	+	Det	101	K				
ESTO			Condition	ns, if any, which		AS A CON	SEQUENCE	OF	115	. ,					9			
	MITH NCIL INGR RAN ITAL R RE		gave ris	se ta immediate	(b)	1	SCU	クー	Die	asef	er							
2 8	UTED WITHIN PENCIL IN PENCIL EXAMINER SIAL - TRANS D MENTAL HON, OR REA		lying cau	stating the <u>under</u> se last.	DUE TO, OR	AS A CON	ISEQUENCE (OF										
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Z Z	DE KENTER	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	ATION W	AS PERFOR	MED?					20 A	20 AUTOPSY?		
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9	NG THE WORN THE CONTROL OF THE CONTR	S. S.	21a. EXTERNA	L CAUSE WAS	21b. TIME OF HOUR A.M		DAY YEAR	21c. HC	YRULMI WC	OCCURRED	(ENTER N	ATURE OF INJU	JRY IN ITEM	18 PART I OR P	ART 2)			
ON	至25万人	MEDICAL	CONTRIBUTION	NG CAUSE OF			19											
DIVISION OF VITAL RECORDS, 201 W.		W B	21d INJURY C	NOTWEE	21e PLACE (OF INJURY TORY, FARM, E			CATION			CITY OR TOW	VN	C	OUNTY		STATE	
	THIS WAR WAR TATE		AT WORK	AT WORK														
	ST CON HO		22a. I certif		ge of the remains des	cribed abo	ive, held on	Autop	sy 🔲 .	Inspection	X,	Inquiry	□ ·	and in my o	pinian			
	EXAMINER: CERTIFICATE ULD BE FOR DIRECTOR: I, WITH THE I		death resulte	ed fram: Natu	ral causes 💢	Acceptent	LJ. Su	icide 🔲	, Homic		Undete	rmined mo	nner	,				
	E CER DUID H, WII MAR		ACTUAL SIGNATURE	L	//	,	,,,	1. 6		PECIFY)				DATE		8/14/	/86	
	SEAT SEAT							7	.о. вер	dey	MEDIO	CAL EXAM	INER	SIGN	ED	0/14/		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FR TO FUNERAL DIRECTO AFTER DEATH, WITH JIH BATTIMORE, MARYLAN		EXAMINER'S I	NAME NT) Luis	E. Renjel	, M.D	.//		ADDRESS_	464 A	11ia	nce S	Т. На	avre 1	De G	race	MD	
	5XX 5AA	23 a. B	SPECIFY	TION, REMOVAL			NAME OF CE	METERY O			23d LOC			COL		STA		
07/84 25M	BP		Burial		ug.20,198	6 Joh	n Wesl	ey U				Abino		Harf		Md.		
23141	DHMH - 17		NAME		ADDRESS	n and a	C EM	1000		250. DATE R	EC'D. BY	REGISTRAF		JEVI CO		malik.		
	(VR A15 ME (5))	HC	ward K.	. McComas	s III, Abi	ngaor	1,Ma. 2	1009		AUG	19	1900	7	france (400				

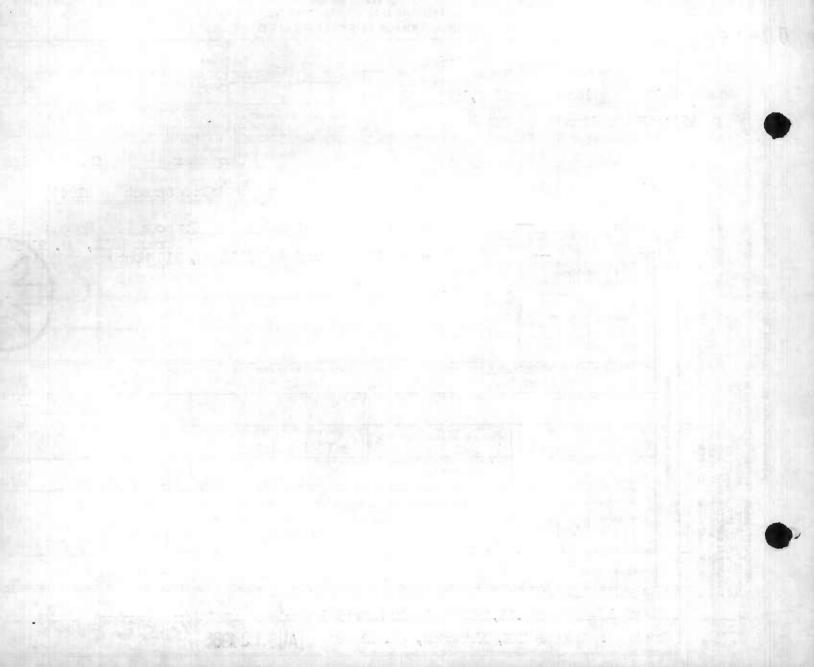


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 29. DATE OF DEATH 26. HOUR DECEASED NAME FIRST (TYPE OR PRINT) Costanzi 86 Vincent James 1502 Aug IF UNDER 24 HRS IF UNDER 1 YEAR 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH 4 RACE HOURS YEAR Male 1934 Cauc Dec BALTIMORE CITY OR COUNTY OF DEATH Th. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR FOREIGN MARRIED XX NEVER MARRIED COUNTRY Harford/APG DIVORCED WIDOWED 126. KIND OF BUSINESS OR 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IO. CITY OR TOWN OF DEATH LIYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY OT IN SUCH FACILITY, GIVE STREET ADDRESS) APG.MD Building 367 Chemist Chemistry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 136 COUNTY 13c. CITY OR TOWN Harford Aberdeen NO 433 Ruby Drive YES Y 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE Marsagliano Anntoinette Vincent. Costanzi Peter ADDRESS 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) Wife 178-28-4612 Ann Costanzi APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Cardiopulmonary Arrest IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Chronic cardiac problems Conditions, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206, IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 190. DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO IT NOF YES | 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 216 TIME OF INJURY 71g ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21f. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 1458 on 22 Aug 1986 to pronouncement 22a.1 certify that (1) (this hospital) attended the deceased fram_ never and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated saw the deceased alive an TIEVEY above, (I) (ma) (did) (dal not) view the bady after death. 22c. DATE SIGNED DEGREE SIGNATURE 23 AUG 86 ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 224 PHYSICIAN'S NAME (TYPE OR PRINT) KATHLEEN A. SPREEN. DO. MC Kirk Army Health Clinic, APG, MD 21005 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL West Chester, Chester, Penna. R.A. Ferris & Co. 8/26/86 Removal/Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 25M Tarring Funeral Home, PA, Aberdeen, Maryland 21001-3399 28 (VR A 15 (4)) 9/74



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME Zb HOUR CTIFFE OR FRISH! Price DEATH MATED Claude 819 86 Crouse 4 RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 8:45 Male White April 6,1908 78 DEAD 819 86 a M Th CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina USA DIVORCED X Harford County WIDOWED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Carpenter Edgewood 5 McCann Street Construction 13e STREET ADDRESS Harford CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Edgewood 5 McCann Street 21040 15 MOTHER'S MAIDEN NAME 10901 LAST MIDDLE Wade Hodges Crouse Sarah Frances 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO Forest Hill, Md. 21050 (YES, NO. OR UNKNOWN) 230-03-3301 Virginia Billings, 315 Montgomery Drive no 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shotqun wound of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Arteriosclerotic cardiovascular disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING X OR self inflicted XXXX 8 8 1986 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK 5 McCann St. Edgewood Harford MD home 22a. I certify that I taok charge of the remains described above, held on Inquiry and in my opinion Suicide X death resulted from: Natural couses Hamicide ... Undetermined manner TITLE (SPECIFY) ACTUAL Deputy Chief MEDICAL EXAMINER DATE 8/8/86 **SIGNATURE** EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St. Balto, MD. TYPE OR PRINT ADDRESS. 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE 07/64 Burial Aug. 11, 1986 Bel Air Memorial Gardens 25M 24 FUNERAL DIRECTOR **DHMH - 17** Howard K. McComas III, Abingdon, Md. 21009 (VR A15 ME (5))

STATE OF MARYLAND



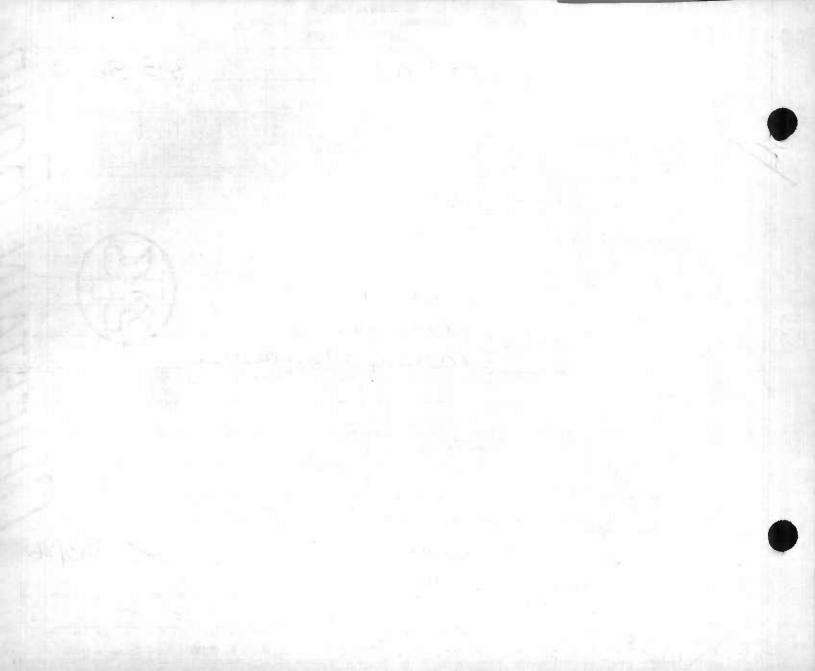
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23a BURIAL

Burial

24 FUNERAL DIRECTOR

(VRA 15, 4)

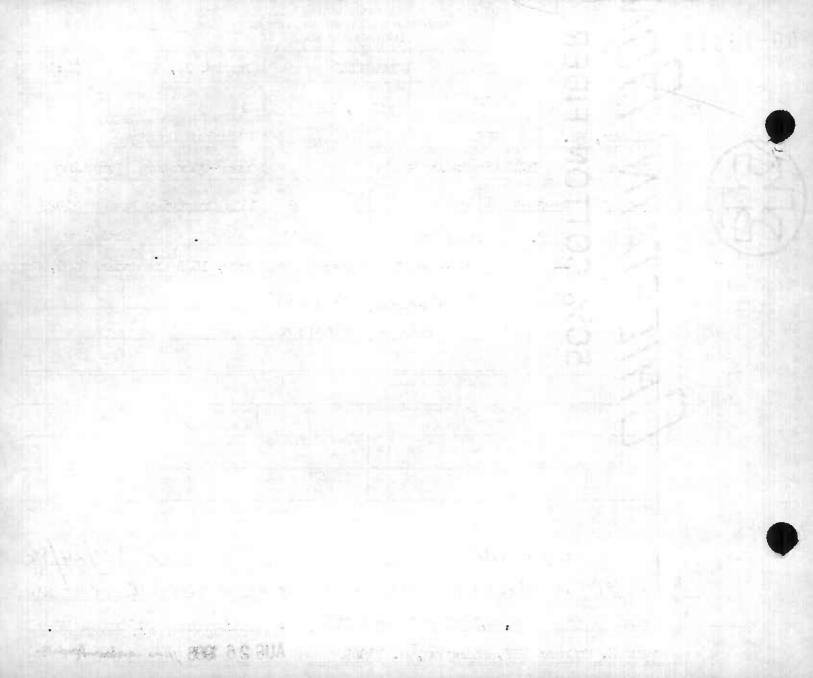
Howard K. McComas III, Abingdon, Md. 21009

Aug. 26, 1986

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STATE



(VRA 15. 4)

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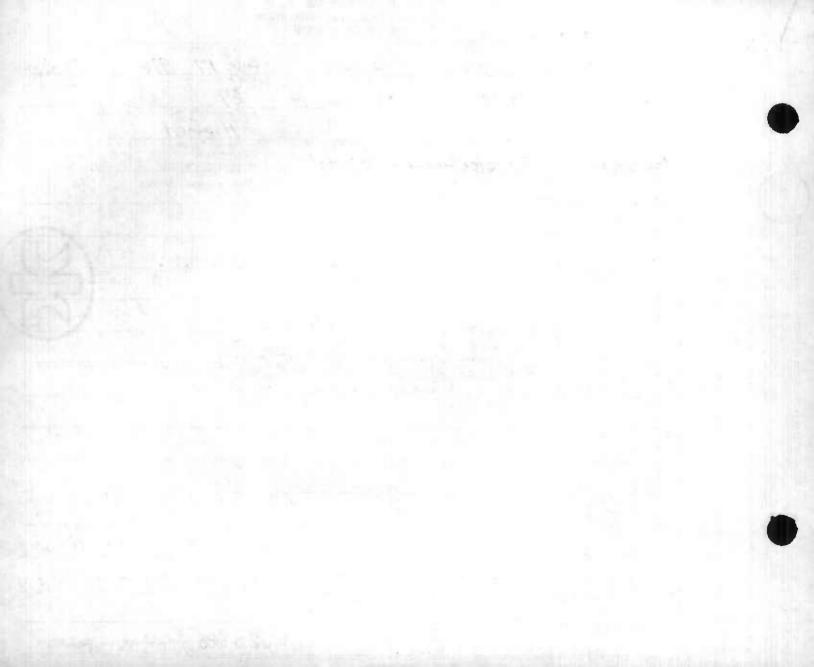
- FOR			STATE DEPARTMENT OF H	OF MARYLAND		ENE /	3	2 4	0
- STATE REGISTRAR		The state of		CATE OF DEA		REG. N		Con 4	7
I. DECEASED NAME	FIRST	WIDDLE	i.	AST		20. DATE OF DEATH		DAY YEAR	26. HOUR 2
(TYPE OR PRINT)	William	, H.	G	Moure	,	A	114 1	0 1986	8 A
3. SEX	4. F	RACE	5 DATE O	F BIRTH		6. AGE (IN YEARS LAST BE	RTHDATI	IF UNDER 1 YEAR	IF UNDER 24 HR
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COUNTRY)	TE OR FOREIGN 76	CITIZEN OF WHAT CO	MARRIED WIDOWE	DI NEVER MAR	RRIED L	9 BALTIMORE CITY	_	artord	L.
CITY OR TOWN O	AYACE 11.	NAME OF HOSPITAL,	GIVE STREET ADDRESS)	1 11 . 20	Tal	126 USUAL OCCUPAT		INDUSTRY	F BUSINESS C
USUAL RESIDENCE (NURSING HOME OR OTH	ER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION	L MAST.	40.1	Retired	-	Civi	1 Serv
12m STATE	136, GOUNTY	./	ortown DeGrace		0 🗆		artiu	d Rd	• 2107
FATHER'S NAME	MIOC	DIE	LAST	15 MOTHER'S M.		E MIDDLE		ł ASI	
William	1	Gal	Lloway	Ann			M:	itchell	
160 WAS DECEASED		D FORCES? 168 SOC	IAL SECURITY NO.	17. INFORMANT	1	ADDR	ESS		
No.	(IF YES, GIVE WA		-07-9583A	Marjori	e Holl	land same	as ab	ove	
	FATH Enter only o	ine couse per line for to				Luisa Donio	40 40		MATE INTERVAL
underlying	immediate stating the couse lost.	DUE TO, OR AS A CO	DNSEQUENCE OF			NAL DISEASE OR CON 200 AUTOPSY? YES NO	20b. IF YES	, WERE FINDIN	IGS USED
21g ACCIDENT W	S UNDERLYING	216. TIME OF INJURY	ITH DAY VEAD	21¢ HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	ART I OR PART 2)	
OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.M. MON	NTH DAY YEAR						
21d INJURY OC	CURRED	21e PLACE OF INJURY	Υ	211 LOCATION STREET		CITY OR I	OWN	COUNTY	STATE
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sow the de	ceased alive on	8 - 10 ew the body after deat	19 86	d that in (my) (au	r) opinion de	eath occurred on the o	ote and hour	,	that (I) (we) I causes stated
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DHMH - 16 60M 7/84 (VRA 15, 4)

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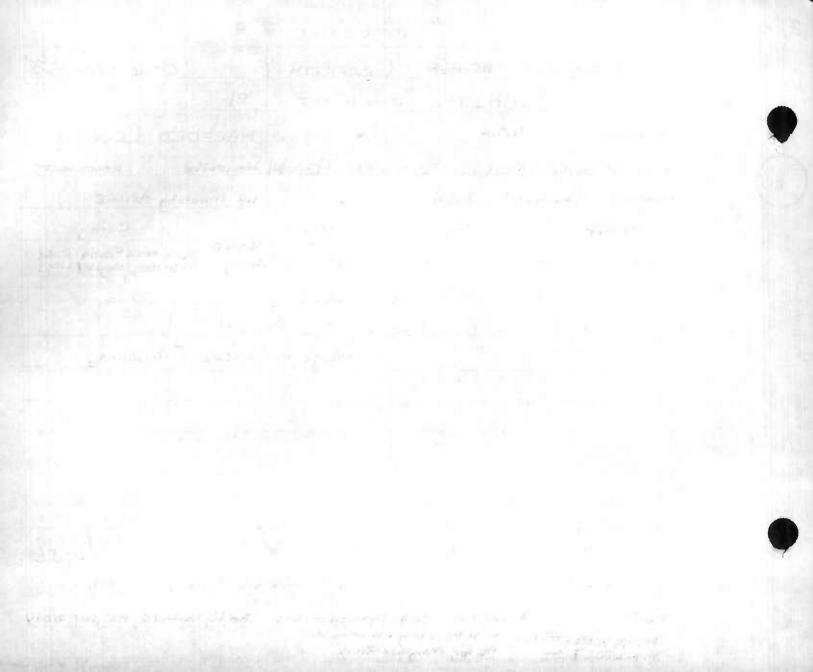
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MIDDLE 26 HOUR DECEASED NAME TYPE OR PRINTI Meluin IF LINDER LYEAR 4 RACE 5. DATE OF BIRTH & AGE IN YEARS LAST BIRTHDAY 3 SEX HOURS MONTH BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED [MARYL AND 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR CPYPE OF WORK FOR WOLL OF WORKING LIFE INDUSTRY Postal Service Fed. Gov 1 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN NOF 800 Coconut Court Bel Air Md Harford 15. MOTHER'S MAIDEN NAME FATHER'S NAME LAST MIDDLE MIDDLE Smith William Geckle Mary ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 17336 Edna Road (IF YES, GIVE WAR OR DATES) 219-83-2079 Ms. Karen Geckle Parkton, Md. Yes APPROXIMATE PATERVAL BETWEEN OWSET AND DEA 18 CAUSE OF DEATH Enter only one cause per line. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) AS A CONSPOUENCE OF acheac Conditions, if ony, which gove rise to immediate cause (a), stating underlying cause last MINAPOISE ALE OR CONDITION GIVEN IN PART THE 28L IF YES, WERE FINDINGS USED No. DATE OF OPERATION THE CONDITION FOR WHICH OPERATION WAS PERFORMED 28e AUTOPSYT IN CERTIFYING CAUSES OF DEATH? NO YES [7] 21c HOW INJURY OCCURRED CENTER NATURE OF PROPERTY IN THE WART I CREAKE IS 21a. ACCIDENT WAS UNDERLYING. 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTENUTING CAUSE OF BEATH THE BITTER AUSTRY MEDICAL EXAMINERS 211 LOCATION 214 INJURY OCCURRED TIR PLACE OF INJURY CITY OF TOWN COUNTY 55476 AT HOME STREET, ENCTION, OFFICE TARRY, ETC.) NUT WHAT perioded the decreased from and that in (my) (our) opinion death accurred on the date and hour and from the course states DEGREE 22c. DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE | SPECIFY) 8-19-86 Removal 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 ADDRESS who Davidson (VRA 15, 4) Anatomy Board Balto., Md

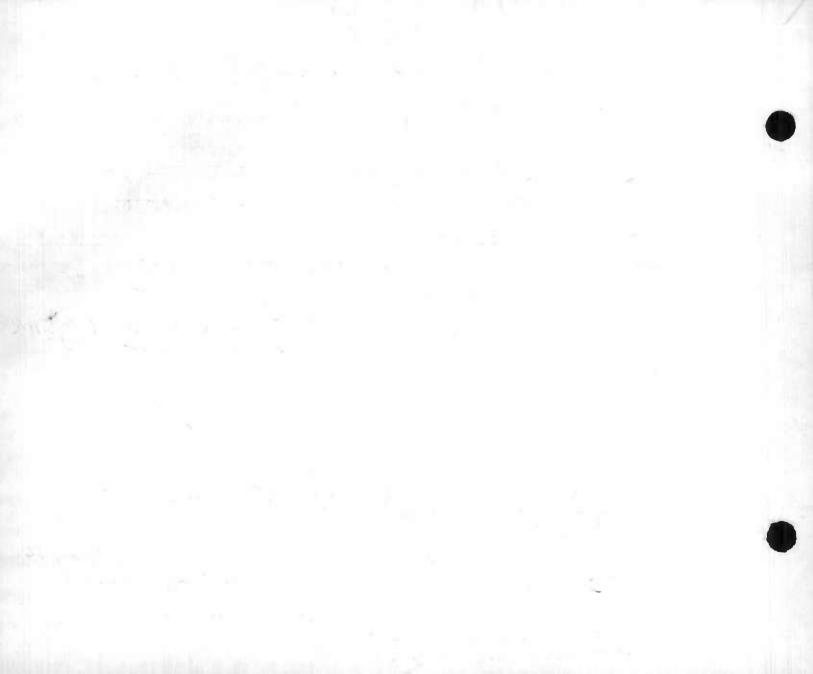


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2e. DATE OF DEATH DECEASED NAME FIRST MONTH 26 HOUR (TYPE OR PRINT) ElizabEt 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX MONTH DA15 HOURS JUNE 11, 1905 YRS BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MANGIANA WIDOWED IN CITY OR TOWN 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Housewife HOMEMAKET 30 CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP COD Harford Co, MARYLAN BEL ALL HABRIE 118 MAUISBY FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE ANNIE MIDDLE CUTTU Archer AYRES 17 INFORMAL DALLE SO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 3409 NOVA ScotiA RURA (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Mrs. HELD E. Strong 190-12-1185 No Aberdeen Marying 2100 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ontic.
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH I DECEASED NAME (TYPE OR PRINT) LANK 10:30am & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 4. RACE 3 SEX AUG. 29 1926 61 BALTIMORE CITY OR COUNTY OF DEATH TO CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED COUNTRY USA HARFORD COUNTY MD. WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION O. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE ABTNGDON TRON WORKER 2709 Parallel Path USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13e STREET ADDRESS / ZIP CODE ABINGDON 2709 PARRALLEL PATH 21009 MD. HARFORD 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANK GUIFFRIDA AMELTA SORRENTINO I MAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT HE YES, GIVE WAR OR DATEST VIOLET GUIFFRIDA 216-18-7467 (WIFE) SAME YES WW II APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for in) this and ic PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION % CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTHY MEDICAL EXAMINER 21e. PLACE OF INJURY 211 LOCATION CITY OF TOWN AT HOME STREET, FACTORY OFFICE FARM, ETC. NOT WHILE (1) this hospital) Ittended the deceased) iur) apinion death occurred on the date and hour and from the causes stated DEGREE DIRECTOR PHYSICIAN 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 8/23/86 BURIAL GARDENS OF FAITH 24 FUNERASCHIMUNEK FUNERAL HOME, IN C. DHMH - 16 50M 4/B3 me wendon-pandalle 9705 Belair Rd., Balto. Md. 21236 (VRA 15, 4)



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TTEN	of Hi 21 is		saw the decease above, (I) (we) (d	d alive an	t) view the hads	after death	19	and that in (my) (a	ur) apinian	death accurred	an the date a	nd haur and	from the c	auses stated
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FOR STATE REGISTRAR STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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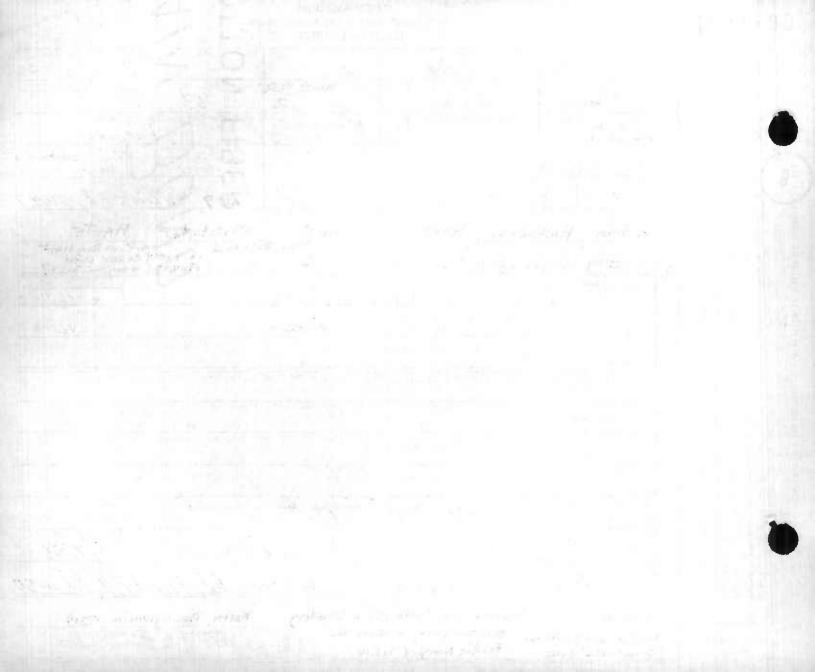
Howard K. McComas III, Abingdon, Md. 21009 (VRA 15, 4)

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500-15879	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY.	GIENE 2 3	247
20 10010	- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
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ge 4 mo ector. po	3. SEX MAIE	4. RACE S. DATE OF BIRTH DEC. 18 193 MONTH DAY YEAR 12 14 33	6. AGE (IN YEARS LAST BIRTHDAY) 53 YRS.	IF UNDER TYEAR IF UNDER 24 HRS
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DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR WYILLAM FOS	HET SO Wi Broadway & Williams St. 1250 DA ADDRESS AUG 140 IV	TE REC'D BY REGISTRAP 256 REGIST	



Tarring Funeral Home, PA., Aberdeen, MD, 21001-339

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1986

INDUSTRY US Gov't.

COUNTY

250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

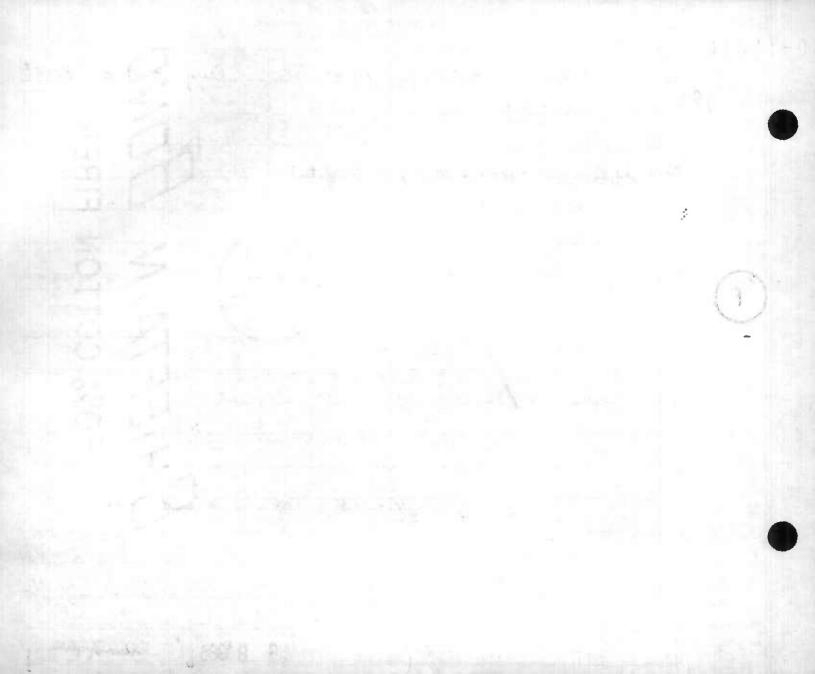
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STATE

12h KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



	1		STATE OF MARYLAND
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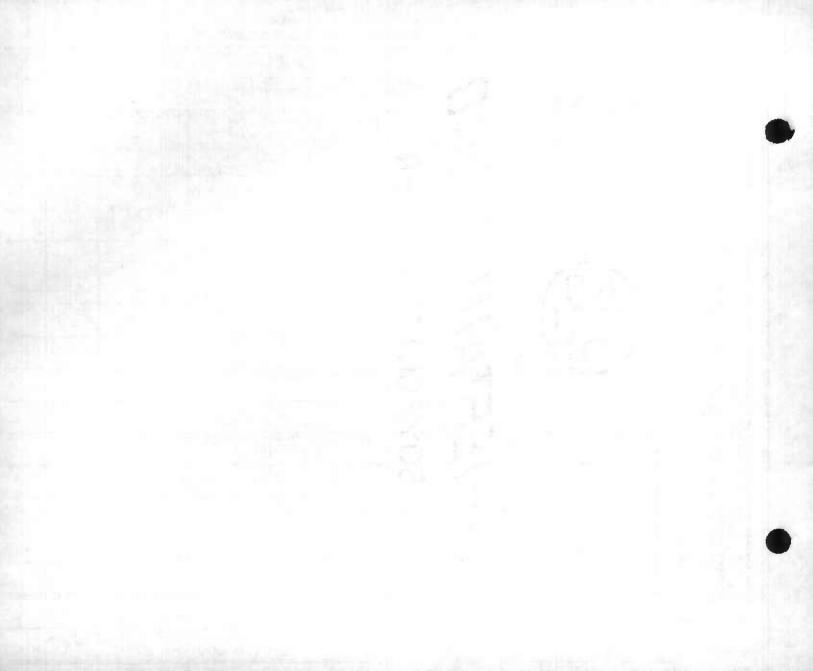
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20 DATE KNOWN X MONTH OF ESTI-DEATH MATED E 5 FOR YOUR FILES.

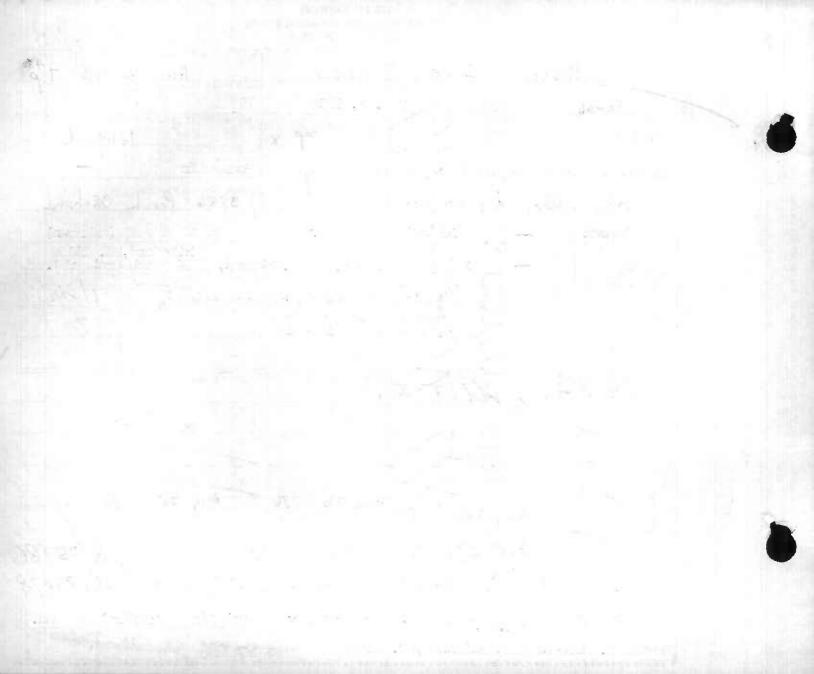
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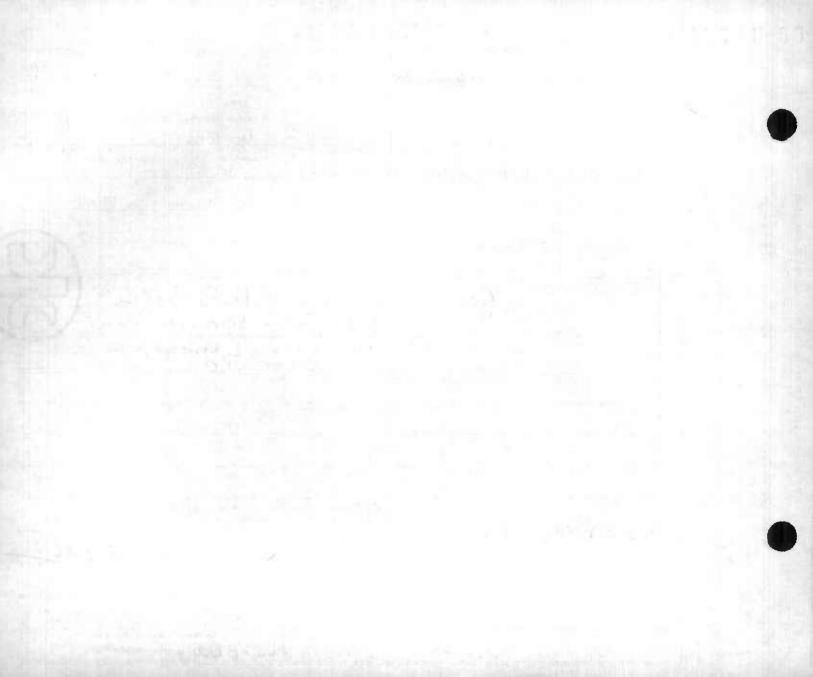
ASTON STREET, CATHERINE HUGHES 26-8619 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED White Female. 08 - 6620 5:30R O THE FUNENCY PAGE 5 FOR YOUR BE FILED WITHIN 7 8-26-86 19 7h CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) WIDOWED DIVORCED Harford County New Hampshire U.S.A. ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Bel Air 228 Bynum Ridge Road CORDS Inspector Electronics USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13g. STATE THE COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Carrol1 Svkesville NO DO 3809 Beamers Court 21784 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST David Hughes Linda M. Call 160. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMAN' 3809 Beamers Court NO Sykesville,MD 21784 David A. Hughes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY wound of chest with pellet shot Gunshot IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? OR TO BURIAL, YES A 3 SHOULD BE L NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING XOR MEDICAL 1PM P.M. 8-26-8610 self/inflicted CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. III. LOCATION STREET, FACTORY, FARM, ETC.) 228 Bynum/Road belAir, Maryland WHILE AT WORK AT WORK home TO MEDICAL EXAMINER: THE EXECUTE THE CRETIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIP.

BALLIMORE, MARYLAND, 2 X 22a I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my apinion death resulted fram Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER DATE 8-27-86 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY HAMPSTEAD 8-29-86 CARROLL CREMATIONS CARROLL MD CREMATION BP 07/84 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **DHMH - 17** ina landon HAIGHT FUNERAL HOME SYKESVILLE, MD 21784 (VR A15 ME (5))



STATE OF MARYLAND

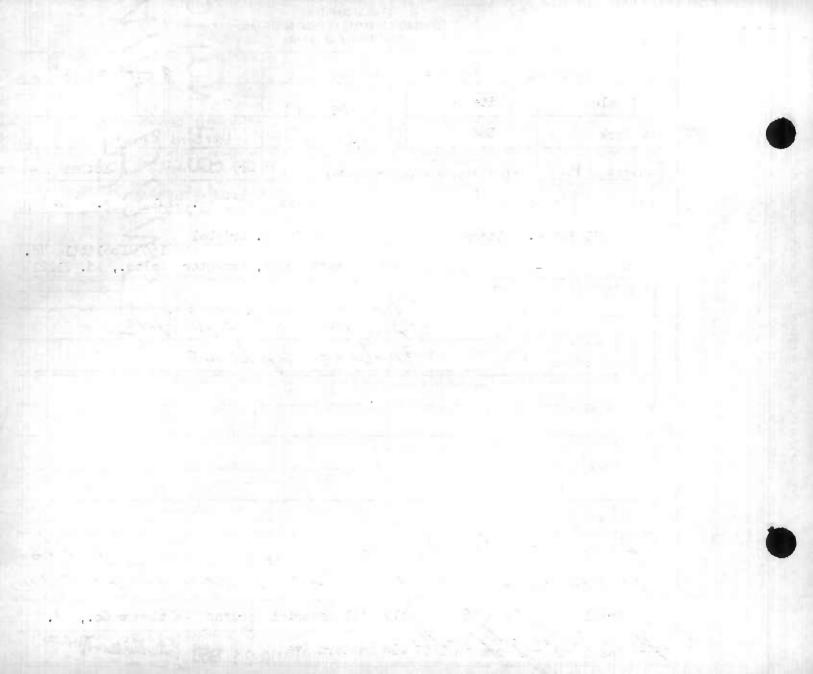




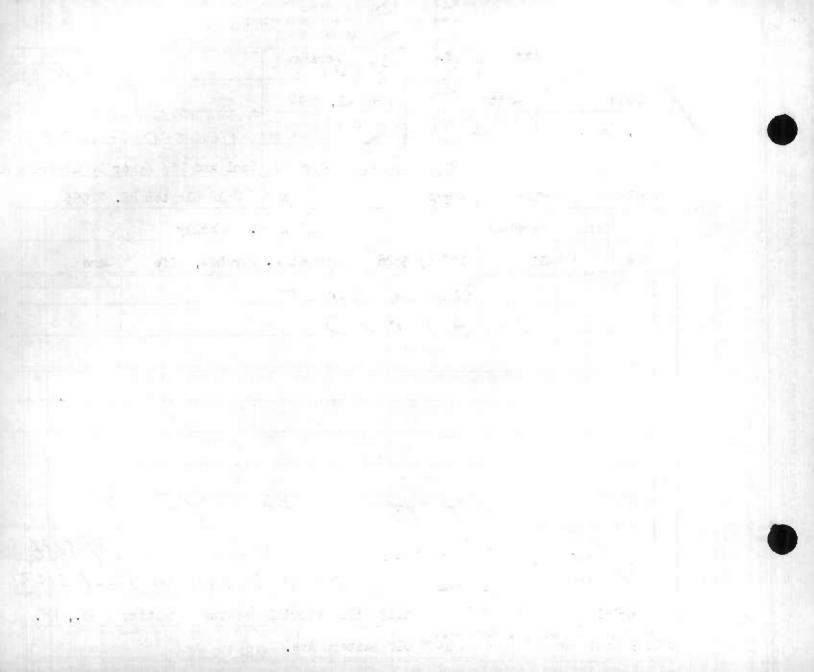
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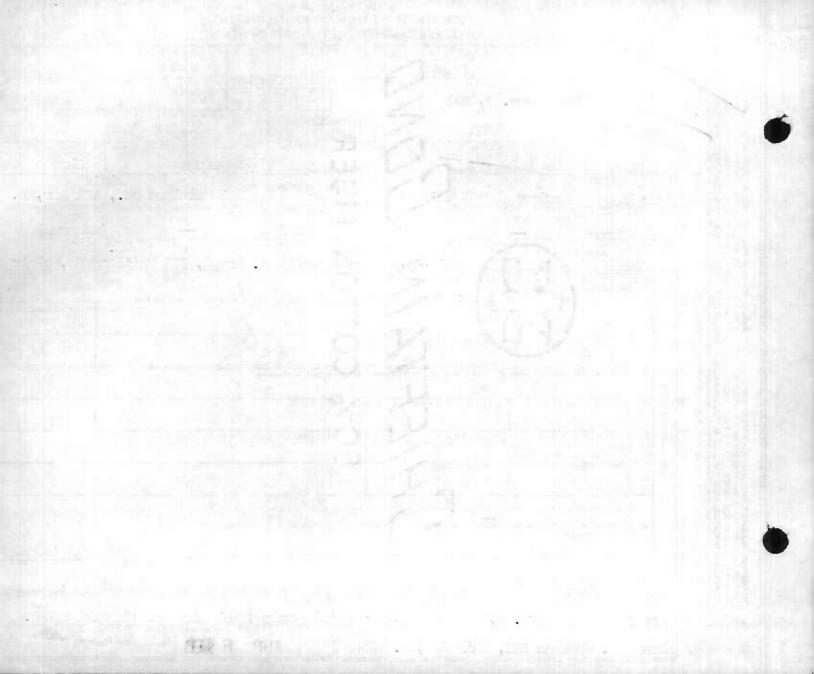
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5	1.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	0 2 9				
5		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR				
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	3. SE.	Female	White	5. DATE OF BIRTH MONTH DAY YEAR 7 25 12	6. AGE (IN YEARS LAST BIRTHDAY) 74') YRS	MONTHS DAYS HOURS M				
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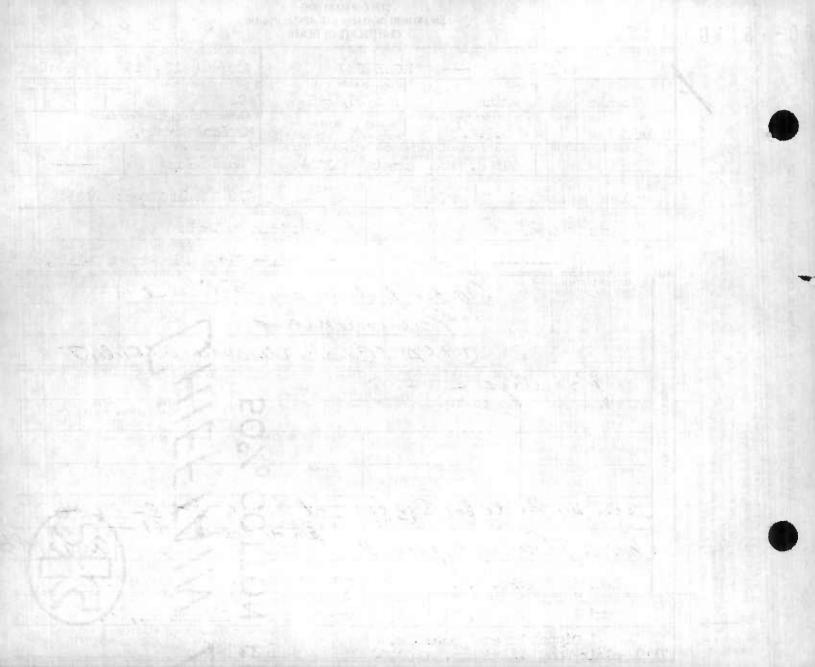
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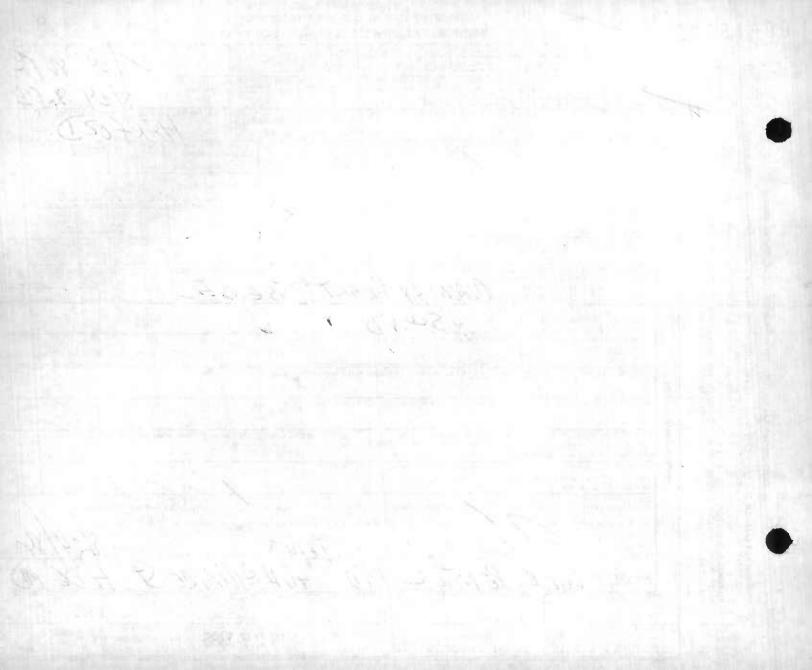


STATE OF MARYLAND

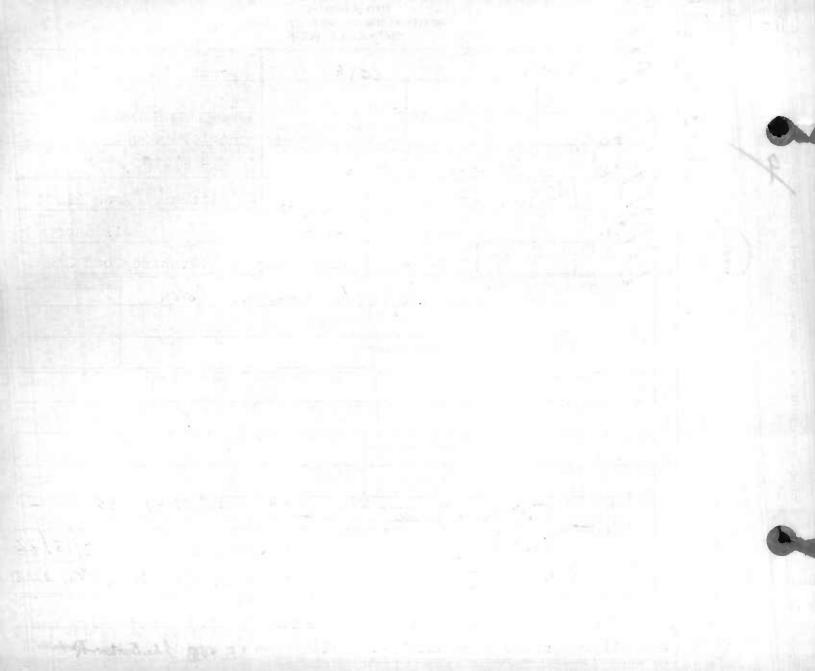


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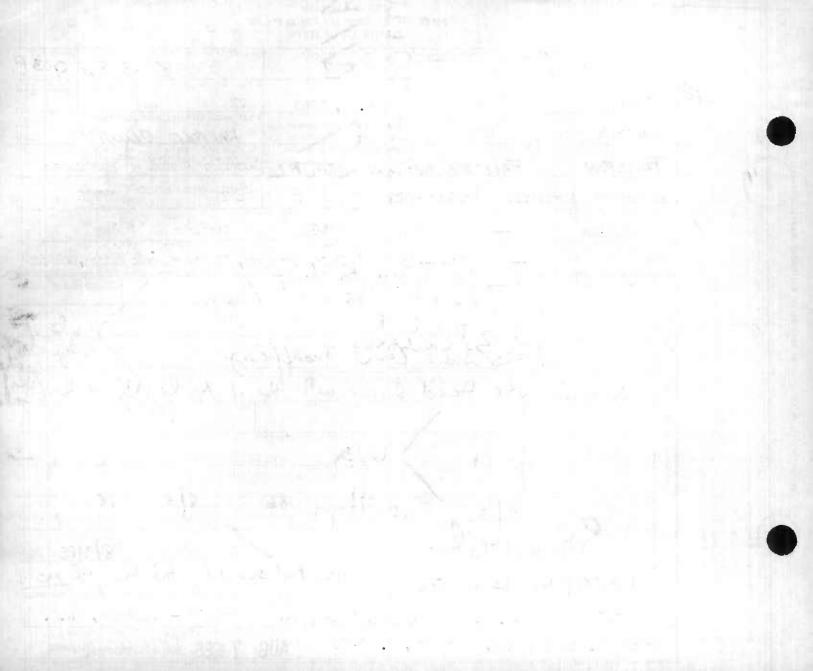




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, 201	ires th	n please buriol, cr ry, or oth		PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CON	IDITION GIV	EN IN PART 1	la'
ORDS	redn	it. The ior to ior to	Į į									
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	NO 0	Se o		22a I certify that (I) (this box	prest offended th	e deceased fram_	3.6	N 19-3	6 . to 1/1	TILLY	19.86	, that (I) (we) last
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	0 a	± 5 3 ≥ 4	23a	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c N	AME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		COUNTY	STATE
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	DHMH -	16 60M 7/B4		UNERAL DIRECTOR				25a. D	ATE REC'D. BY REGISTRAN	256 REGIST	RAR'S SIGNA	TORE
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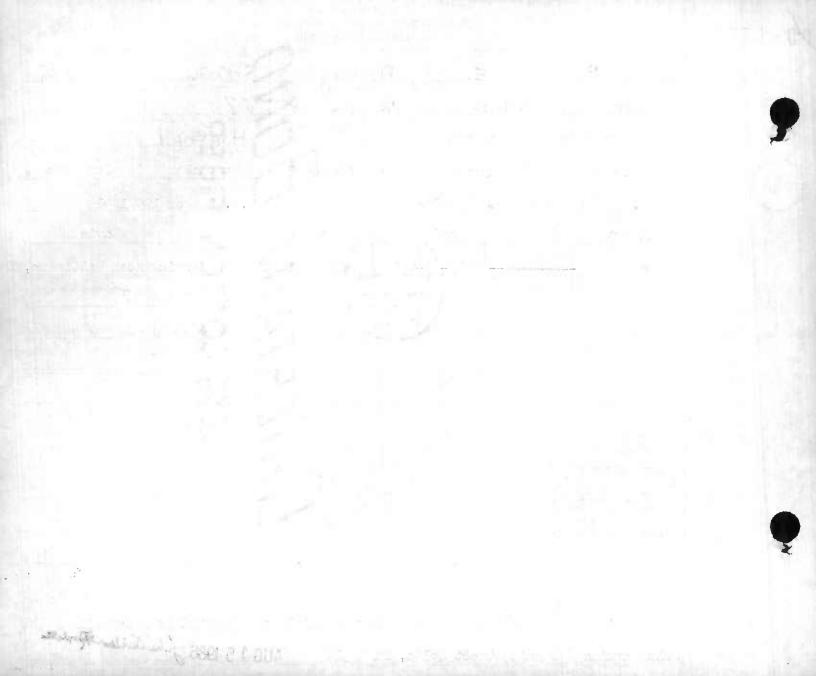
			STATE OF MARYLAND		
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you ago	a. SEX	4 RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HRS
rector, urs aft	Male	White	Sept. 6, 1903	82 YRS.	AONTHS DAYS HOURS MIN.
2 2 2 E	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
in 7.	New York	USA	WIDOWED DIVORCED	HARROLD CL	DUNTY MD.
-	10 CITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
	TALLSTON 1	TALLSTON (00)		Security Guard	Insurance
E Se	USUAL RESIDENCE (IF NURSING HOME C 136, STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13. STREET ADDRESS / ZIP CODE	44444
A Sulled Of A	New Jersey Monm	outh Englisht	OWN YES NOTE	13. STREET ADDRESS / ZIP CODE	07726///
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by by oth	underlying couse lost.	Sun	Dral treat	cur	& days
, 2D1 gned k n plea burial, y, or o	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART Trovel
NG PHYSICIAN: The law requirent of the order	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	unte Heart	Disease with	& A Acute M	I/ + Hoof than
Down ow over	5 190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	VERE FINDINGS USED YING CAUSES OF DEATH?
ALR ion. ions iene	RILE	1		YES NO YES	
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PHYS ndin d Me d Me	(IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF. E. F.	ARM ETC) /21/ LOCATION	CITY OR TOWN	COUNTY STATE
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Pito For of H	sow the deceased alive a obove, (1) we (did) (did n	n 5 TY	, and that in (my) (our) opinion	n death occurred on the date and hour	and from the couses stated
DR A POSE Ched Ched Ched Ched Ched Ched Ched Ched	22b. SIGNATURE	100 10	DEGREE		224. DATE SIGNED
Al Cal Detoore Date Date Date Date Date Date Date Dat	YIlan	melily	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1813186
E-9 843 E /	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	27e ADDRESS P	X= AD BOX	100 20011
DH O HOUSE	UNTAM	1 MA VUICE	- 1131 Del	Act of our	in , in spir
21 5233	230 BURIAL, CREMATION, REMOVA	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
(16/88/144)	Burial	Aug. 6,1986 Ma	plewood Cemetery	Freehold - Monn	buth, N.J.
DH/AH - 16 00M 7/B4	24 FUNERAL DIRECTOR		25a. DA	ATE REC'D. BY REGISTRAR 256. REGISTI	
(VRA 15, 4)	Howard K. McCon	as III, Abingdon	,Ma. 21009 A	16 7 1986 Julia Da	idson-Randelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF EST PANIL DEATH MATED DATE OF BIRTH F UNDER 24 HRS DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 2 P DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Maryland 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Machine ry Mechanic Brick Fact. SUAL RESIDENCE OF ININURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 108 Second Ave Baltimore Anne Arundel YES 21225 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elvira Marino Domenick Lucarto 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes Michael Marino Same as 13e 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10 DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID OF HEALTH CERTIFICATION 19g, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF 11 PRIOR TO BURIE YES | NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22e I certify that I took charge of the remains described above, held on Autopsy Inspection EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLA! death resulted fram: Hamicide SIGNATURE EXAMINER'S NAME 464 alleane 17 (TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Baltimore Holy Cross Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURES George J. Gonce 4001 Ritchie Hgwy Balto Md **DHMH - 17** (VR A15 ME (5))

THE REPORT AND A MANAGE OF THE STREET THE STREET AND SECTION AS A STREET

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-FOR YOUR FILES.
WITHIN 72 HOURS
PRESTON STREET, Marie REBECCA MOYER DEATH MATED - 8-24-8610 4 RACE 3 SEX DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED Aug. 13, 1986 Female White 8-24-86 10 10:45 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! U.S.A Maryland DIVORCED Harford County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS NONE NOT OF WORKING LIFE) Harve deGrace Harford Memorial Hospital ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 4841 Old Philadelphia RD, 21001 3a STATE Harford Aberdeen Marvland NO X 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE Ronald MIDOLE Mover Kathryn Stump Lee Anne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) N/A N/A Ronald Lee Moyer, Same as Above NO 1R CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, I RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden infant death syndrome IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under-DUETO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE EXECUTED OF THE CHING AS A SHOULD BE TO SHOULD BE TO SHOULD BE OF A SHOULD BE OF A SHER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURI YES 🛣 NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21d. INJURY OCCURRED 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection ond in my apinion Homicide __ Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 8-25-86 Margarita A. Korell, M.D. ADDRESS 111 Penn Street EXAMINER'S NAME (TYPE OR PRINT) 236, BURIAL, CREMATION, REMOVAL 236, DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION Havre de Grace, Harford, MD Burial 8/26/86 Angel Hill Cemetery 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399 (VR A15 ME (5))



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.					

2	1 -	FOR STATE REGISTRAR		EALTH AND MENTAL HYGIE	REG. NO	2	3 2	6 4
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5	H FA	STATE 136 COUNT PER STATE ATTERIS NAME	CIL CECITON BLOOMER ED FORCES? 1166 SOCIAL SECURITY NO	13d INSIDE CITY LIMITS? YES NO DO 15 MOTHER'S MAIDEN NAME FIRST 17 INFORMANT	3 STREET ADDRESS / 2 Cacl / Ca	manor	PRAN.	ey Norsing
	NC	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (0), stating the underlying cause lost.	fine I a Milking	1 Dufarction	NAL DISEASE OR CONC	DITION GIVEN IN	12	HE INTERVAL SET AND DEATH TO YS
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION		200 AUTOPSY?	206. IF YES, WEIN CERTIFYING YES	CAUSES OF	
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270. I certify that (I) (this hospita sow the deceased alive an obave, (I) (ye) (dati) (did nat).	P.M. 19 21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 1) ottended the deceased from 19 view the body ofter death.	211 LOCATION STREET 211 LOCATION STREET 19 d that in (my) (pdf) opinion de DEGREE ATTENDING PHYSICIAN	CITY OR TOV	VN C	OUNTY tha	
	22. 6		MENTIL	131 SUNION	AVE. HAVR		ance.n	MOTE
	-	BURIAL, CREMATION, REMOVAL SPECIFY BURIA UNERAL DIRECTOR THE STATE OF THE SECTION OF THE SECT	236. DATE 9-4-1986 Limerical Al Home ADDRES Yilling	EARden Henry Land Bell SEI	23d LOCATION CITY OR TOWN CITY OR TOWN REC'D. BY REGISTRAR P. 5 1986	2 0		

Fellows Funeral Home ADDRESHIllington, Md.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

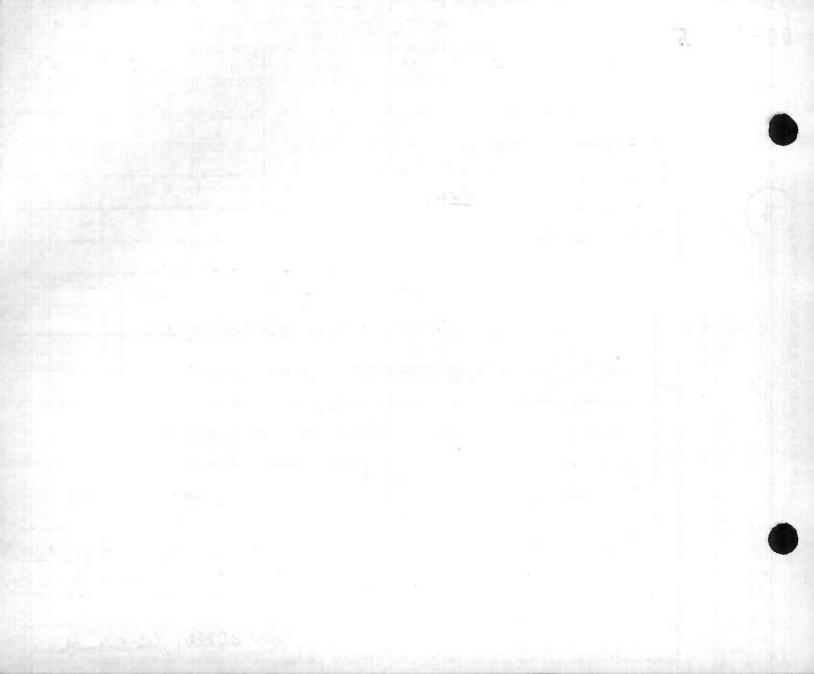
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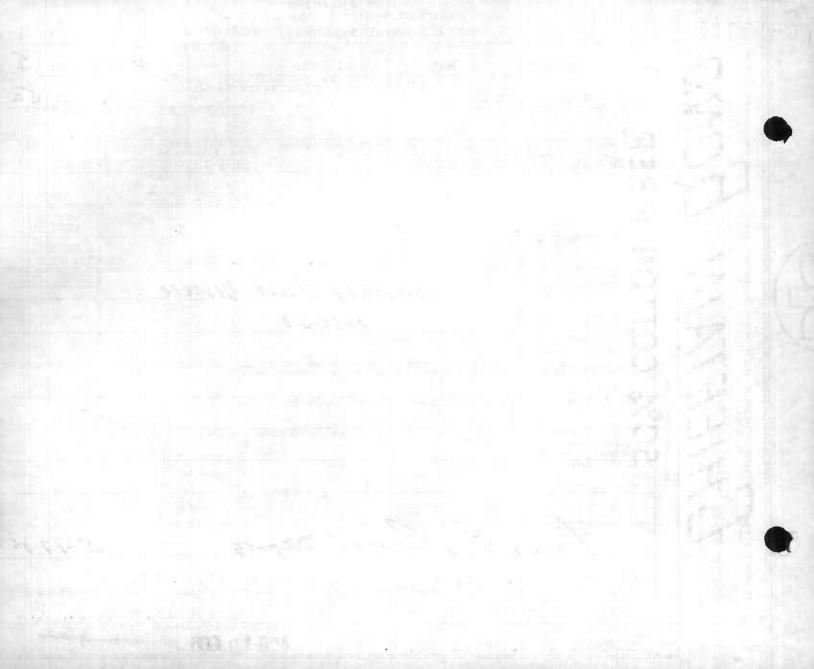
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR DECEASED NAME MIDDLE 20. DATE OF DEATH (TYPE OR PRINT) 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH DAY5 DAY YEAR White renale 08 12 TO BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDIA NEVER MARRIED COUNTRY WIDOWED DIVORCED Maryland 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY General. Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? YES T Md NOF Harford King Factory Rd 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST FIRST MIDDLE William Tebo Clara Gardener ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 218-46-3474 Mr/ Robert Natwick - Same as #13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES NO F 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION 5 CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) P NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 86 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 27e ADDRESS should b MAIN ST. BE ANRIM 0 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 234. LOCATION (SPECIFY) CITY OF TOWN STATE BP. Removal 8-18-86 24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4 NAME ADDRESS. (VRA 15, 4)

Balto., Md

Anatomy Board

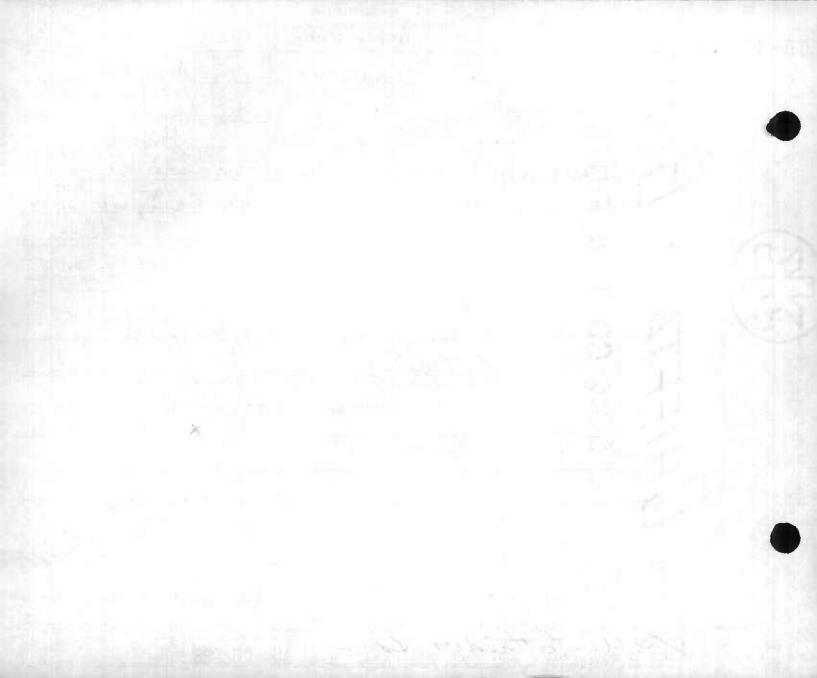


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN THE MONTH (TYPE OR PRINT) DEATH MATED AUG 17 NILAND KENNEDY NMI 4 RACE 5 DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED MAL F DEAD AUGUST 17. WHITE APRIL 17, 1923 63 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) WIDOWED -DIVORCED HARFORD COUNTY, PA USA 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE) OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FED GOVT (VA) (RET) CLERK TYPIST HAVRE de GRACE 710 LEWIS STREET IN AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13g. STATE 136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 710 LEWIS STREET 21078 HAVRE de GRACE YES X NO [MD HARFORD I FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRS1 EL SIE C. POWELL NILAND **JAMES** 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS #13e MRS. MARGARET H. NILAND 179 12 2239 WW II APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. -OROMARY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 🗌 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 214. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OF TOWN COUNTY AT WORK AT WORK Inspection X and in my opinion 22a. I certify that I took charge of the remains described above, held an Autopsy Inquiry Hamicide ___ death resulted fram: Undetermined manner EXAMINER'S NAME HAVRE de GRACE, MD. 21078 LUIS E. RENJEL. MD TYPE OR PRINT ADDRESS 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY ANGEL HILL CEMETERY HAVRE de GRACE, HARFORD CO., MD. BURIAL 19 AUGUST 86 07/84 25M 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE. 24 FUNERAL DIRECTOR Gista, Dandon A **DHMH - 17** MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VR A15 ME (5))



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of dire	100	RTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8	□ NEVER MARRIED □		CITY OR COUNTY	OF DEATH	
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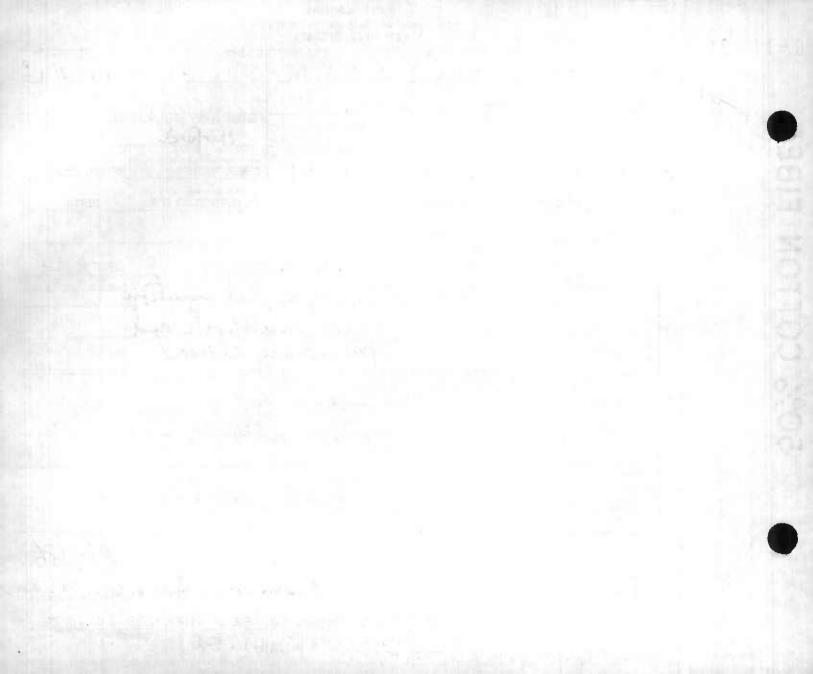
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200	CERTIFICATION	190 DATE OF OPERATION	N 196 COND	ITION FOR WHICH	OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WE		
17	E						YES NO	IN CERTIFYING		DEATH?
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17	CAL	OR CONTRIBUTING CAUS	OF DEATH	.M. MONTH DA	19					27.1
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5	OF	AVRE de (PACE HAT	Rford	MEMOR	EAL HOSPITAL	Retired		
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sol co	16	WAS DECEASED EVER		CES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDR		5001
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20	23	BURIAL, CREMATION,			100000000000000000000000000000000000000	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STA
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(VRA 15, 4)	A	rnold Beard	353 Fount	cain St.	Havre De Gr	ace,Md. A	UG 27 1986	1	•

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S. M.S. Phys. Lett. 1994, 1994



	1.	FOR STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL	HYGIENE 8 6 2 3 2 7 3
0-14515		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
y be oge 3 C deoth		CEASED NAME OR PRINT)	Robinson	8-2-86 3:30 PM
4 may b	3 SE		4. RACE 5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge irect	9 0	M	B 7 9 1897	
nerol d		RTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED X DIVORCED	_
and with the state of the state	10 C	alston	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION THE HOT IN SUCH FACILITY, GIVE STREET ADDRESS! FAILSTON GENERAL TOSP.	12a USUAL OCCUPATION 12b KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired
a in Hour	USU 13a. :	STATE 13b. COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	32 138.STREET ADDRESS / ZIP CODE 125 Alice Ann Street 21014
MARYLAND 24 milely fille and 2 loulc exeminer mu	14. F/	THER'S NAME FIRST	MIDDLE LAST 15. MOTHER'S MAIDEN	
W. ()		James	Robinson Annie	ADDRESS
BALTIMORE, cote be ret ysicion and ppers. Page vol. 1, the medical 1, the medical		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	nson 308 Stevens Circle Aberdeen, M
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the death certific ottending physicion. ther this certificate has been signed by the attending ph os the burial-transit permit. Then please remove carbonp th and Mental hygiene prior to burial, cremation, or rema orked or them 18 shows any injury, or other traumatic ever	MEDICAL CERTIFICATION	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF CLOSURE (b) DUE TO, OR AS A CONSEQUENCE OF CLOSURE (c) LONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE CONDITION FOR WHICH OPERATION WAS PERFORMED THE CONDITION FOR WHICH OPERATION WAS PERFORMED DEATH HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCUPANTY	Heart failure Day Heart fai
TO HOSPITAL OR ATTENDING PHY retoined by the haspital or ottending should be detached for use as the bill with the State Dept. of Health and Muth the State Dept. of Health and Muth MORTANT: if Hem 21 is marked or	ME	WHILE NOT WHILE AT WORK 22a. I certify that (I) (Has has saw the deceased alive above, (I) (and) (did) (did) 27b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET 19 19	CITY OR TOWN COUNTY STATE COUNTY STATE COUNTY STATE COUNTY STATE STATE 19 2-86, that (I) (we) lost nion death accured an the date and hour and from the causes stated 22c DATE SIGNED REDICAL STAFF PHYSICIAN HARFORD Rd Ren 106 Fall 6
to the show		BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c NAME OF CEMETERY OR CREMATO	DRY 23d LOCATION PLAZE 47
BP		Burlal	8/7/86 Tabernacle Cemetery	Bel Air Harlord Mu.
DHMH - 16 60M 7/84 (VRA 15, 4)		uneral director nold Beard 353	Fountain St. Havre DeGrace, Md.	AUG 5 1986

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0-	8/11/19	3. SEX	Hober	4. RACE).	5. DATE C			6. AGE (IN YE.	ARS LAST BIRTHDAY		DER I YEAR	IF UNDER 24 HRS
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ON C	333	Md.	CE (IF NURSING HOME O	rother institution	131. BEPRA		13d. INSIDE C	ITY LIMITS?	130 STREET A	poress / zir Fordhan		210	14
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IMORE,	Pogeth Pogeth	160 WAS DECEA (YES, NO OR UNI YES	SED EVER IN U.S. A	RMED FORCES?	283-12-		Mrs.	Mary L.	Sena	ADDRESS Be	1305,	FAIdh	am 1504
AL RECORDS, 201 W. PRESTON ST	The low-requires that the death certification is has been signed by the attending photogrammer corbanity period of the please remove corbanity period to busing compliants or sensitivity, or other traymatic even	Condition gave risis cause (conderlyin PART 2 O	s, if any, which to immediate o), stating the g couse last. THER SIGNIFICANT CLUMA OF OPERATION	DUE TO, O DUE TO, O (b) DUE TO, O (c) CONDITIONS C	Brail ITION FOR WHICE	DUENCE OF ODEATH BUT	N WAS PERFO	Puoi	200 AUTOI	PSY? 201	LIFYES, WELL CERTIFYING	RE FINDIN CAUSES	IGS USED
DIVISION OF VIT	O HOSPITAL OR ATTENDING PHYSICIAN Wound by the hospital or attending physician TO FUNERAL DIRECTOR, when the central would be detected for use or the thorselvan with the Stote Dopt. of Neothernal Mental Hyp. WAPORTANT: If here 21 is manked or here 18 s.	OR CONTRIBUTION OF THE PROPERTY OF THE PROPERT	Julle CIAN'S NAME (TYPE Walte	ATH HOUR A. R) P. 21e. PLACE [AT HOME. ST. ot] view the body CR PRINTY CU	M. MONTH M. OF INJURY REET, FACTORY, OFFIC de deceosed from 19 alter death.	les Co	211. LOCATIK STREET B G d that in (my) DEGREE M D 22e ADDRES	ATTENDING PHYSICIAN S	, to	on the date a	19 de la	OUNTY From the co	14 to
	RP	(SPECIFY)	MATION, REMOVA Urial	236 DATE 8-22-]			EMETERY OR (Air	Harfo	niv rd	STATE
	5,000	24 FUNERAL DIR	ECTOR				2108	Gardens	E REC'D. BY RE		Harfo:		Md.
	DHMH - 16 60M 7/B4 (VRA 15, 4)	E.F.La	ssahnfune	ral Home	,11750B	elairRo	Kings	ville	302 2 19	186 1	lia Score	-	ATTO !

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME 2b. HOUR YPE OR PRINT) Clvde Simmons August 26, 1986 Addison 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR 3 SEX 4 RACE IF UNDER 21 HRS July 21, 1910 White BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY MARRIED MEVER MARRIED North Carolina WIDOWED Harford DIVORCED [CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 3156 Aldino Road Churchville Laborer WOULAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Harford Churchville 3156 Aldino Road NO X 21028 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Manliffe Simmons James Sarah Samantha Lyons 166 SOCIAL SECURITY NO 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 218-26-0082 Anna J. Simmons, Same As Above APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE IO Conditions, if ony, which gave rise to immediate couse ioi, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICAT 190 DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NON YES T 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 71d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from ___, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING MEDICAL STAFF FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR

Buria1

230. BURIAL CREMATION, REMOVAL

236. DATE

8/30/86

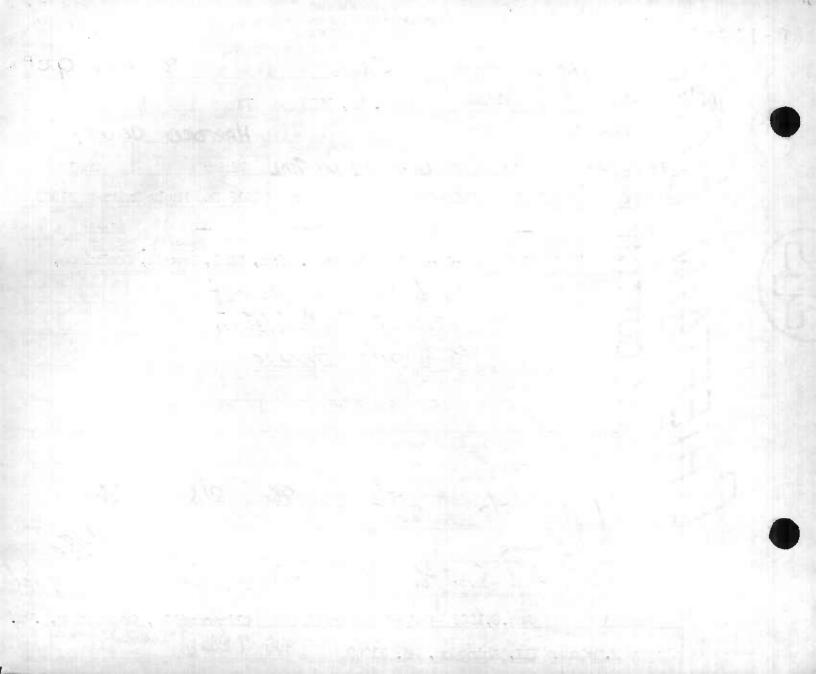
Tarring Funeral Home, P.A., Aberdeen, MD, 21001-3399

Bel Air, Harford, Maryland Bel Air Memorial

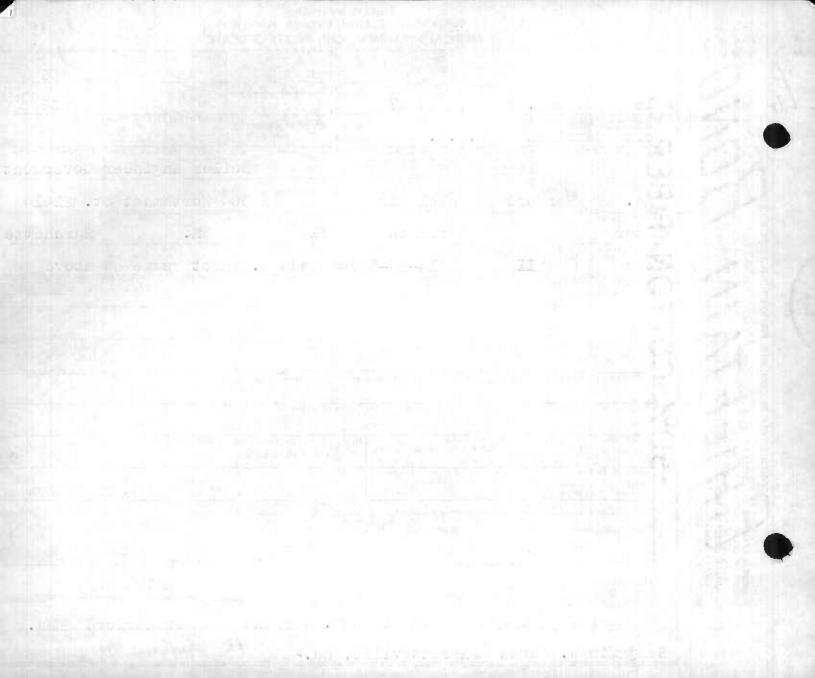
25a. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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12	34 FA	John		MIDDLE	S.	ims	15 MOTHER'S MAIL		WIDDLE		Blac	
- Amadem	and a	WAS DECEASED EVER YES NO OR UNKNOWN)		MED FORCES? (E WAR OR DATES)	235-16	-7391	17 INFORMANT Glenna F.	Sims,			. 25825 , Cooli	
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are to buriol, cremation, ary injury, or other traumo	ICATION	Conditions, if ony gove rise to im- couse iol, stotic underlying couse PART 2 OTHER SIGI	mediate ng the lost.	DUE TO, C	DR AS A CONTRIBUTING	ENLICE OF	NOT RELATED TO T		DISEASE OR CON	20b. IF YE	S, WERE FINE	DINGS USED
where prior to buriol	CERTIFICATION	gove rise to im- cause (a), static underlying couse PART 2 OTHER SIGI	mediate ng the lost. NIFICANT (DUE TO, COLORDITIONS CONDITIONS C	ONTRIBUTING	ENUENCE OF	NOT RELATED TO T	THE TERMINAL D	AUTOPSY?	20b. IF YE IN CERTI	S, WERE FIND FYING CAUS ES	DINGS USED ES OF DEATHS
0 7	MEDICAL CERTIFICATION	gove rise to im- cause (o), static underlying couse PART 2 OTHER SIGI	mediate g the lost. NIFICANT (TION DERLYING CAUSE OF DEA CCAL EXAMINER RED	DUE TO, C (c) 19b CONE 19b CONE 21b TIME (HOUR A P 21e PLACE (AT HOME, S)	ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING OF INJURY OF INJURY IREET, FACTORY, OF	TO DEATH BUT THICH OPERATION TO DAY YEAR 19 FRICE, FARM, ETC.	NOT RELATED TO TO THE NAME OF THE PROPERTY OF	200 YE OCCURRED (1	AUTOPSY? S NO NIER NATURE OF INJU	20b. IF YE IN CERTI YI RY IN ITEM 18	S, WERE FINE FYING CAUS ES PART I OR PART 2	DINGS USED ES OF DEATH? NO STAT
where prior to buriol	MEDICAL CERTIFICAT	gove rise to improve the couse (a), stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA 21a, ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED) 21d. INJURY OCCUR 22d. PHYSICIAN N	mediate my the grant of the gra	(b)	ONTRIBUTING ONTRIB	TO DEATH BUT THICH OPERATION TO DAY YEAR 19 FFICE, FARM, ETC.	NOT RELATED TO TO THE NAME OF	OCCURRED (1 Opinion death IDING MEI ICIAN DIRE ATORY 23	AUTOPSY? S NO NIER NATURE OF INJU	20b. IF YE IN CERTI YI IN ITEM 18	S, WERE FIND IFYING CAUS ES PART I OR PART 2 COUNTY 19 UT and from the	STATE

Howard K. McComas III, Abingdon, Md. 21009



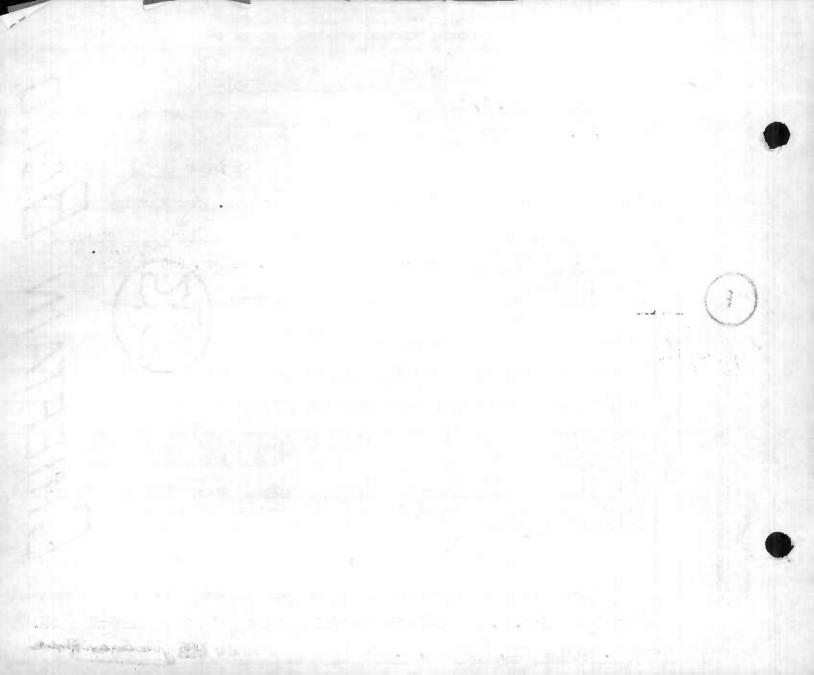
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN X MONTH 25 HOUR (TYPE OR PRINT) OF ESTI-James Smoot 19 86 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 12:30 67 Male 19.191 Caucas DEAD 86 To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED 1 NEVER MARRIED FOREIGN COUNTRY) North Carolina U.S.A. Harford County, WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY Forest Hill rear of 2855 Sharon Rd. Engineer Government ISUAL RESIDENCE LIF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS Harford Bel Air 13d INSIDE CITY LIMITS? 504 Northmast NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Walter MIDDLE MIDDLE Harrison Ila Burchette 17. INFORMANT 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS Yes, NO, OR UNKNOWN) 214-12-3574 Theda V. Smoot same as above APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Shotgun wound of head IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 10xxx 3 19 86 self inflicted CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BACTIMORE, MARYLAND, 21201 yard 2855 Sharon Rd. Forest Hill, Harford, MD. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Suicide X deoth resulted from: Notural couses Homicide Undetermined monner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8/4/86 SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. Balto.MD. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23r NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Burial 8/6/86 Mem. 07/84 Bel 25M 24. FUNERAL DIRECTOR **DHMH - 17** Benjamin W. Kurtz Jarrettsville. Md. (VR A15 ME (5))



STATE OF MARYLAND

3

10001	FOR STATE REGISTRAR	ilmG619	9/20/86 MF	DEPART	MENT OF	HEALTH	AND MENT	TAL HYGIE	NE ATH	2	3 2	19
	DECEASED NAME	FIRST		WIDDLE		L	AST		2a DATE	REG. NO.	MONTH DAY	YEAR 76 HOUR
1	TYPE OR PRINT)	Thoma	S	Rich	ard	Sw	eiger		OF	MATED	8/ 20/1	9 86 M
3. S	SEX	4 RACE	5. DATE OF BIRTH	YEAR	6 AGE (IN YE.	ARS IF UND	DER 1 YR. IF U	JNDER 24 HR	S. 2c. DATE PRONOUN	CED	MONTH DAY	YEAR 24 HOUR 3:40
	ale	White	Aug. 1,	1927	59 YF	RS.	DATS	JURS MIN.	DEAD		8/ 20/1	19 86 P M
	BIRTHPLACE (SI FORFIGN, COUNTRY)		7b CITIZEN OF W	HAT COUN	ITRY?		DX NEVER			_	COUNTY OF DE	EATH
44.	CITY OR TOWN		II. NAME OF HOS	DITAL NILIG	PSING HOME	WIDOWE		NORCED L	11011	Ford Co	unty,	MD.
	Joppa		I-95	JFK Hi	ighway		K INSTITUTION	FC	or most of work	(ING LIFE)	ORI	evision
	STATE	IF IN NURSING HOME O	OR OTHER INSTITUTION, G	13c. CITY	ORTOWN		13d. INSIDE CITY LII					3.27
-	aryland	Harf	ord	Bel	Air					g Facto	ory Road	21014
	FATHER'S NAME		MIDDLE		LAST		15 MOTHER'S		MI	DDLE	1.4	
	Carroll WAS DECEASED	EVER IN U.S. AR			eiger TAL SECURIT	Y NO.	Regir 17. INFORMAN	na	Ма	rie	Thuma pa, Md. 2	n 21085
	YES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	220-	20-914	0	Patrick	R.Swe	eiger,	680 Tr	imble Ro	ad
F	18 CAUSE OF PART I DE	ATH WAS CAUSED		far (a), (b)	_(Crush	ing in	njuri.	es of	Thora	APP BETWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
1-	7 81	2 NIMEDIAT	DUE TO, OR	AS A CON	ISEQUENCE			PAUTAVE	a		7-1	
		s, if pny, which	(b)									
		stating the under-		AS A CON	ISEQUENCE (OF						No. of the
			(c)									
2		MIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	ITED TO THE TERM	AINAL OISEASE	OR CONDITION GIVE	EN IN PART I 10				
ATIO	190 DATE OF	OPERATION	19b. CONDI	TION FOR	WHICH OPER	RATION WA	AS PERFORMED	D?			20 AL	JTOPSY?
NOITECATION											YE	s X NO
		L CAUSE WAS		MONTH	DAY YEAR	R Sub	w INJURY OC	QURRED (ENT	of 4th	URY IN ITEM, 18 PAS	a 5 car	3-1 17-9
MEDICAL	CONTRIBUTION 214 INJURY O	G CAUSE OF	DEATH 2: 00P.M		20/19 86	6 chai	in reac	tion c	ollisio	on.		
A Par	WHILE	NOT WHILE S	STREET, FAC	TORY, FARM, E	TC.)	STI	REET	6 7	CITY OR TOW		COUNTY	STATE
				ighway			w					Co., Md.
			e of the remains de	Accident		Autopsy		spection L	, Inquiry		in my opinian	
	. death resulte	a tram: Notur	ol couses 1.	Accident	IAJ, Su	ricide,	Homicide TITLE (SPEC		determined mo	nner,		
	ACTUAL SIGNATURE_	/	1/1	V		M.I	Assis		EDICAL EXAM	INER	DATE	8/21/86
	EXAMINER'S	NAME C		7							3.31460	
122	(TYPE OR PRIN	IT) G.L.	egory R. I				DDRESS		Penn St	C.		
730	(SPECIFY)	ION, REMOVAL 2					CREMATORY	C	LOCATION		COUNTY	STATE
24	Buria FUNERAL DIREC	TOR	ug.25,198	ь тве	I AIT	venor			Bel Ai	R 256 REGIST	arford RAR'S SIGNATU	Md .
Н	loward K.	McComas	III, Abi	ngdon	,Md. 2	21009		AUG.	25 199	Julia	Davidan	Sandalle .



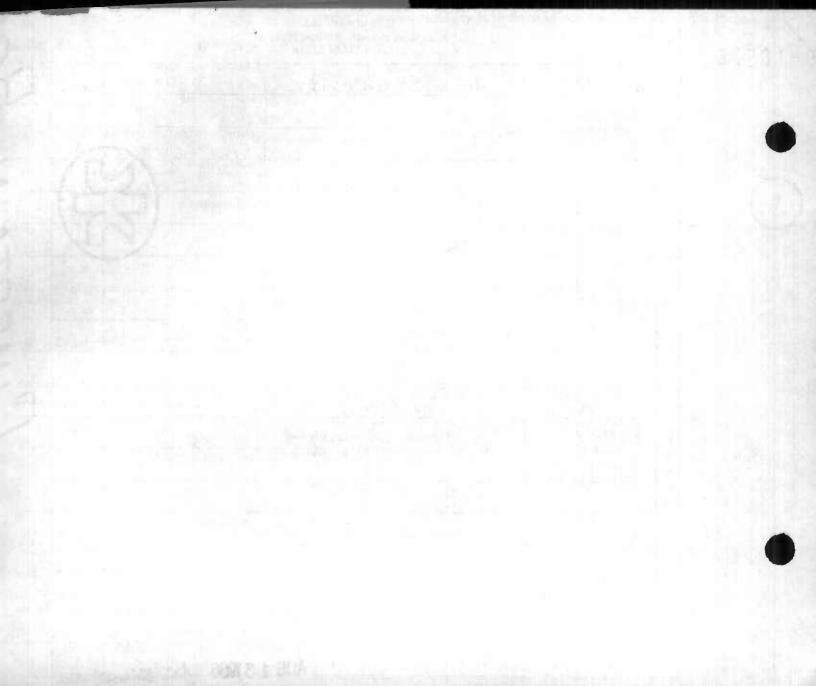
STATE OF MARYLAND

DEPARTM	ENT C	F HEA	LTH	AND	MENTAL	HYGIENE
	CER	TIFIC	ATE	OF	DEATH	

	artin	0.0	-	P.	
6	2	3	Cin	5	
REG. NO.					

	- STATE REGISTRAN			CERTIFICATE OF		O REG. N	10.	3 64 0
	DECEASED NAME	seph	J. S	zukier	îtz	20 DATE OF DEATH	08 07	YEAR 26 H
3.5	Male -	Whi	ite	5. DATE OF BIRTH	1918	6. AGE (IN YEARS LAST B	IRTHDAY) IF UP	NDER I YEAR IF UN
ECH 100	parrows Pt.	0.330	F WHAT COUNTRY?	MARRIED X NEVER	MARRIED -	9 BALTIMORE CITY		DEATH
10	THE LL STON		F HOSPITAL, NURSIN	G HOME OR OTHER INS	PITA L	12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) 1	126 KIND OF BUS INDUSTRY Self-emp
130		IG HOME OR OTHER INSTITUTION 136, COUNTY	Bradshal	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS		
-	FATHER'S NAME	woore	Szukievi	15 MOTHER	FIRST		Slac	LAST
2 1	WAS DECEASED EVER IN THE TOTAL NO OF UNENDAME YES	W.W.TI	166 SOCIAL SECU	RITY NO. 17 INFORM	ANT	ADDI A Szukievi	RESS 0400	D 1-1-
	Conditions, if any, gave rise to immorphise los storing underlying couse	which odiate (16)_	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO D	NCE OF		7 // 6 .	7	2 LARI
1 2	//V	eno voncu	lou rige	weensan; r	was n	my my	Concern	ry a
PTIFICATION	THE DATE OF OBERATI		Lughm		regom	YES NO	IN CERTIFYIN	
CAL CERTIFICATION	OR CONTRIBUTING C	216. TIME HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR 19 216 HOW I	ryfm INJURY OCCURR	YES NO	IN CERTIFYIN	G CAUSES OF D
MEDICAL CERTIFICATION	OR CONTRIBUTING C	216. TIME HOUR 216. TIME HOUR 216. TIME (AT HOME)	OF INJURY A.M. MONTH DA	Y YEAR 19 216 HOW I	rytm INJURY OCCURR	YES NO	IN CERTIFYIN YES [G CAUSES OF D
1 4	OR CONTRIBUTING CAN UP Union within within 214 PAJURY OCCURR White Can within within 226.1 certify that (I) (226.1 certify that (I) (216. TIME HOUR 21e PLAC (AT HOME	OF INJURY A.M. MONTH DA P.M. TE OF INJURY the deceased fram	Y YEAR 19 216. HOW I	INJURY OCCURR	YES NO DED (ENTER NATURE OF IN	IN CERTIFYIN YES [JURY IN ITEM 18 PART I TOWN 19 — date and hour on	IG CAUSES OF D OR PART?) COUNTY . that (
1 4	ON CONTRIBUTING CAN THE UNION THE COLUMN THE	21b. TIME HOUR 21e PLAC (AT HOME this haspital) attended d) (did not) view the box	OF INJURY A.M. MONTH DA P.M. TE OF INJURY the deceased fram	Y YEAR 19 216. HOW I 19 21f. LOCAT STREE , ond that in (m) DEGREE	INJURY OCCURR INJURY	YES NO DED (ENTER NATURE OF NO CITY OR 1	IN CERTIFYIN YES [JURY IN ITEM 18 PART I TOWN 19 — date and hour on	COUNTY that (

DHMH - 16 60M 7/8 (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Dept DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b. HOUR (Type or print) Manth Pearl ar 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS Female Caucasian 1901 May 14. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED New York U.S.A. Harford WIDOWED TO DIVORCED 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.)
Housewife INDUSTRY Bel Air Conval. Cen. Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 21084 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 3b. COUNTY Harford NO -Jarrettsvil 4180 Federal Hill Road 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last Ira Alice Cross Berry 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) 4-74-7490 Pear] Wiater same as above APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY STREET, Cardio-(monor) IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF Cerebrovacular. Accident PRESTON Conditions, if ony, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause DIVISION OF VITAL RECORDS, 301 W. that þ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) disorder CERTIFICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? YES 🗍 NO T 21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natity medical examiner P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. State City or Tawn County While Nat while at wark 220. I certify that (1) (this haspital) attended the deceased from 19-86 to 19 86, and that in (my) cour opinion death occurred on the date and hour and from the saw the deceased alive on_ ATTENDING couses stoted obove (II) (we) (did) (an not) view the body ofter deoth. hospital 22b. SIGNATURE 22c. DATE SIGNED DIRECTOR ATTENDING MP DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) TO FUNERAL shauld be of Health retained 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Elmwood Cemetery Batavia Genesee 24. FUNERAL DIRECTOR ADDRESS DHMH - 16 3/72 25M Gladden Kurtz Jarrettsville. Md. (VR A15 (4))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME 2ª DATE OF DEATH MONTH (TYPE OR PRINT) 6. AGE LIN YEARS LAST BIRTHDAY 1. SEX BALTIMORE CITY OR COUNTY OF DEATH DIVORCED [126 KIND OF BUS 18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse fost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM ETC.) CITY OF TOWN COUNTY NOT WHILE 220 | certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on_ and that in [my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN ! DIRECTOR PHYSICIAN 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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IMORE, MARYLAND 21201	se executed within 24 hours after a	A charles and the same of the first
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	requires that the death certificate b	
DIVISION OF VITAL RECO	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be haspital or ottending physicion.	

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MPORTANT:

24 FUNERAL DIRECTOR

MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 00-15082 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 2a. DATE OF DEATH YEAR MONTH 2h HOUR (TYPE OR PRINT) NMI IF UNDER 1 YEAR 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS MONTH YEAR HOURS MALE WHITE NOVEMBER 16, 1899 86 TO BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY ITALY USA WIDOWEDIX DIVORCED O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY GRACE (RET) OWNER TAVERN tor d USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GREERESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE HARFORD HAVRE de GRACE YES X NO 616 ERIE STREET 21078 MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE LAST GIOSUE VINCENTI **FRANCESCA** TURIZIANI ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) LYES, NO OR UNKNOWN ANGELO D. VINCENTI 4135 WEBSTER ROAD HAVRE de GRACE. MD. NO 217 07 3347 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one couse per line for 103, (b), and ic PART I. DEATH WAS CAUSED BY Carolio Respiratory hv IMMEDIATE CAUSE (o DUE TO OR AS A CONSEQUENCE OF hr My ocar dia Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 0 CERTIFICAT 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram 8115 8-20 19.851 saw the deceased alive on_ and that in (my) (aur) apinian death accurred an the date and hou and liam the causes stated above, (1) (yet (did nat) view the body after death 22b. SIGNATURE DEGREE 224. DATE SIGNED ATTENDING MEDICAL STAFF WD PHYSICIAN S DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRIN 131 S. UNION AVE. HAUR KAMRUDIN MITHANI 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION I SPECIEVE CITY OR TOWN BURIAL 12 AUGUST 86 MT. ERIN CEMETERY HAVRE de GRACE, HARFORD CO., MD.

21078

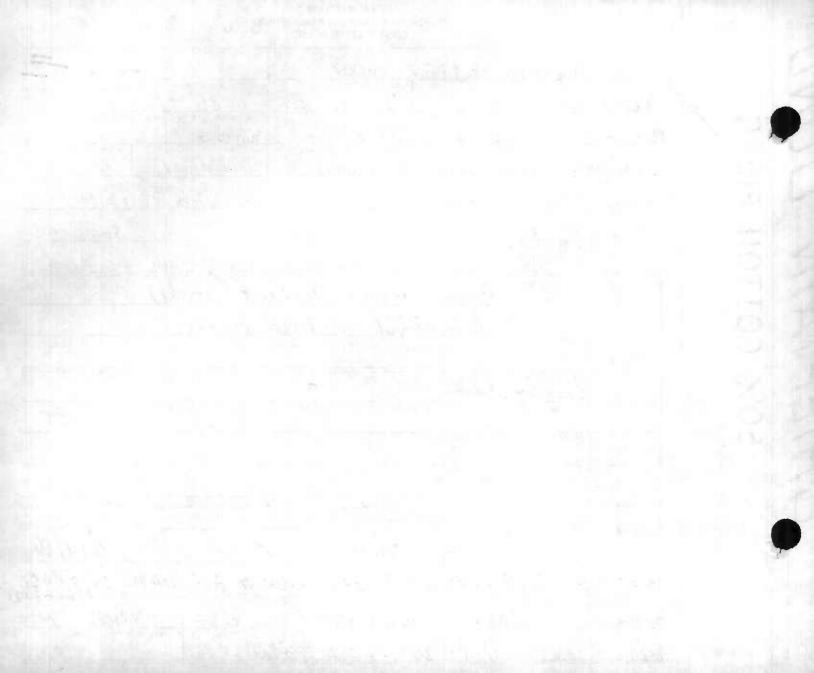
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DHMH - 16 60M 7/84 (VRA 15, 4)

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20 12 -8 " 12 Ind" STREET PART OF YORK THE IN ISSUED FOR THE STREET

-15764		2a,b,FilmG61 FOR STATE		n STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	FIENE 6 2	2 3 2 8 4
		REGISTRAR CLASED NAME FIRST	WIDDLE	LAST	REG. NO.	ONTH DAY4 YEAR TO HOU
og pe a	1210	Elizat	outh Baldu	in walker		8 # 86 # 7
4 mo)	3/2	× _ / 0	RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHD	MONTHS DATE HOURS MIN.
960 M	1_	remale	White	AUG. 1, 1897	89	YRS
# TE 102	1	WHIPLACE TEST CHICKONS	76 CITIZEN OF WHAT COUNTE	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR C	COUNTY OF DEATH
in the second	10.0	ITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	
166	14	were de amos	HAT FORD MEMO	and Add the state of the state	TYPE OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY
hour	13a.	AL RESIDENCE UNURSING HOME OF STATE	POHER INSTITUTION GAVE RESIDENCE BE	FORE ADMISSION)	13e STREET ADDRESS / Z	
42.00	M	ARYLAND MAR	FORD ABERDE	EN YES A NO	623 WEBB	ST. /21001
15/1	14. F	ATHER'S NAME	MIQDLE S LAST	IS MOTHER'S MAIDEN NA	ME	D. LAST
5 5 6	I for \	NAS DECEASED EVER IN U.S. AF	A. BALL RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRESS	KEYNOLDS
100		YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATEST 203-0"	7 8249 HEICH C CM	CTC KILL SI	me de Agarle
been signed by mit. Then please prior to burnol, and any injury, or other	CERTIFICATION	couse (o), storing the underlying couse lost PART 2 OTHER SIGNT ICANT 19a DATE OF OPERATION	My flux	O DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 2	0b. IF YES, WERE FINDINGS USED
he hos	RTIFIC				YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NO
tysician Thi ding physicio is certificate buriol-tronsit Mentol Hygie		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH	DAY YEAR 19 21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJURY II	NITEM 18 PART 1 OR PART 2)
NG PHYS	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	CE, FARM ETC) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
O O S O E		220.1 certify that (1) (this hasp sow the deceased alive oil	ital) attended the deceased from			, 19 that (I) (we) lo
OR ATT he hospital DIRECT ached for Dept or		obove (III) we jidid) (did at	1. Galer	DEGREE ATTENDING PHYSICIAN I	MEDICAL STAFF	ond hour and from the causes stated
O HOSPITAL etained by th TO FUNERAL should be defit with the State MAPORTANT. I		LETICIA S	S. GALVEZ	22e ADDRESS	uion ave i	0.0
BP	0	BURIAL, CREMATION, REMOVAL SPECIFY) SURIAL	8 18 86 23	BEL AIR MEM. GAN	S DELAIR	HARFORD WILL
DHMH - 16 60M 7/84 (VRA 15, 4)	14 5	JUNERAL DIRECTOR FRANCES ARRING FUNERAL	POME, PA, ABER	250 DAT EER, MD 2/001-3399		REGISTRAR'S SIGNATURE



- STATE

1. SEX

Ohio

REGISTRAR

Geraldine

136 COUNTY

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Harford

HEDDAR

(IF YES, GIVE WAR OR DATES)

I. RACE

White

DECEASED NAME LIVE CREEKING

Female

Harford

Maryland

A FATHER'S NAME

Peter

NO OR UNKNOWN)

SIRTHPLACE (STATE OF FOREIGN

CITY OF TOWN OF DEATH

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 20 DATE OF DEATH MONTH 2h HOUR August 28,1986 Malafarina Wallace 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH MONTH YEAR August 13,1921 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [Harford 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 3926 West Chapel Road Homemaker 13e.STREET ADDRESS / ZIP CODE 3926 West Chapel Road/21001 Aberdeen IS MOTHER'S MAIDEN NAME MIDDLE LAST Malafarina Lydia Amanda Texter 166 SOCIAL SECURITY NO. 17 INFORMANT MD, 21078 H. Bruce Wallace, 717 Ontario St. Havre de Grac 176-16-9075 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for io), b), and ic willo CONSEQUENCE OF 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH?

IMMEDIATE CAUSE (a) Conditions, if one, which gave rise to immediate coule (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION THE DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED NO YES T

COUNT WAS UNDERLYING. TO CONTRIBUTING [] CAUSE OF DEATH IN SITHER, NOTEY MEDICAL EXAMPLES 714 INJURY OCCURRED West | Strange | 220.1 certify that (1) (this haspital) attended the deceased from

77s. SJGNATUR

24 FUNERAL DIRECTOR

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.)

211 LOCATION

CITY DIFTOWN

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY STATE

we wour) opinian death occurred on the date and hour and from the causes stated 22L DATE SURNED DEGREE

THE METIENDING MEDICAL STAFF DIRECTOR PHYSICIAN ADDRESS

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE

1986 Skyview Mem.

DHMH - 16 60M 7/84

Removal/Burial

now the discrete alive on the body ofter death

Tamaqua, Schuvlkill, Penna 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Tarring Funeral Home. PA. Aberdeen. MD. 21001-3399

407

Tilic Deviden - Randallo

(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE OF DEATH MONTH I. DECEASED NAME TYPE OR PRINTI dhund 6. AGE (IN YEARS LAST BIRTHDA 3. SEX 4 RACE 5. DATE OF BIRTH MONTH YEAR AUGUST 2, 1901 To BIRTHPLACE I STATE OF FOREIGN TO CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND WIDOWED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (RET) VICE PRESIDENT VENDING MACHINE CO SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13g STATE 13e.STREET ADDRESS / ZIR CODE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE LAST WALTER LOUISE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) SHIRLEY DEMUTA 7766 PLANTATION BLVD. HOLLYWOOD, FL 33023 NO 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse R SIGNIFICANT CONDITIONS INTRIBUTING TO DEATH BUT MOT BELATED TO THE FEMINAL OF EASE OR CONDITION GIVEN IN PART CONDITION FOR WHICH OPERATION WAS PERFORME! 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF BEATH? NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH THE STREET, NOT THE MEDICAL EXAMINERS 21d INJURY OCCURRED 21s. PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY AT HOME STREET, FACTORS AT FICE VARIA, ETC.) 22a I certify that (I) (this hospital) internal sow the deceased alive on above, (1) (we idid) (did not and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 17h SIGNATHEE 22c DATE SK ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN E 230. BURIAL, CREMATION, REMOVAL 230 NAME OF CEMETERY OR CREMATORY 73b. DATE (SPECHY) CITY OF TOWN BURIAL 30AUGUST86 ANGEL HILL CEMETERY HAVRE de GRACE, HARFORD CO, 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 gruha Davidson (VRA 15, 4) MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078

FOR STATE

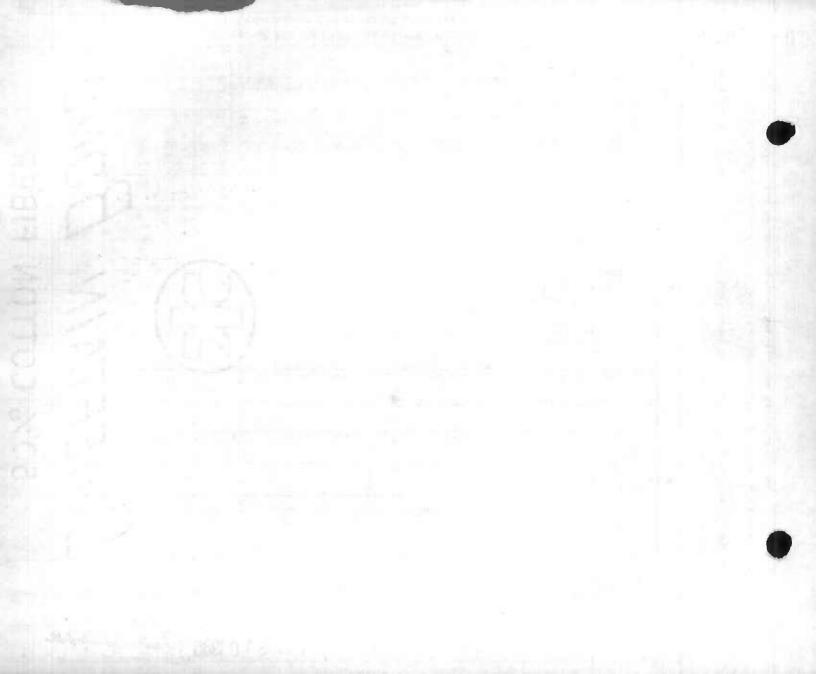
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3 2 8

	REGISTRAR				REG. NO	Э.		
1	1. DECEASED NAME FIRST	MIDDLE	ı	AST	26. DATE OF DEATH	нтиом	DAY YEAR	2b. HOUR
	(TYPE OR PRINT) Mane	V	W	arfield		8	30 86	11 5 M
J	3. SEX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
1	Female	Black	Apr		56	YRS.	MONTHS DATS	HOURS MIN.
占	THE STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT C	OUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
7	Maryland	USA	WIDOWE	D DIVORCED	Harford			MD.
1	TO CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY		OR OTHER INSTITUTION	128 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker			F BUSINESS OR
7	USUAL RESIDENCE OF NURSING HOME	R OTHER INSTITUTION, GIVE RESID	DENCE BEFORE ADMISSION	NSDI INT	Homemarer			
1	Maryland Har	NTY 13c CIT	erdeen	YES X NO	13e.STREET ADDRESS / 618 Edmund	ZIP COL 1 Str	eet/2100	01
A	14 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE		1.45	
	John		11	Mary	MUDIE		Ĥi	11
1	160 WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
	(YES NO OR UNKNOWN) (IF YES G	A L	JNK	William Warfi	ield, Same A	As Ab		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly ane cause per light ar	(a), (b), and (c)	Plans		120	BETWEEN	MATE INTERVAL DISET AND DEATH
1	IMMEDIA	TE CAUSE (a)	guracou	parline				
1	Conditions if any which	DUE TO, OR AS A C	ONSEQUENCE OF	CODD				
١	Canditions, if ony, which gove rise to immediate	(b)						
	cause (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	ITING TO DE ATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OF CONI	DITION G	IVEN IN PART LIE	
	Z O				THE BIOCHSE ON COIN		THE REPORT OF	
1	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES	
	21a. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJUR	Υ	21c HOW INJURY OCCUR				140 []
	OR CONTRIBUTION CALCE OF DE	AID .	ONTH DAY YEAR					
1	(IF EITHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJU		21f LOCATION				
	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTO		STREET	CITY OR TO	WN	COUNTY	STATE
1	220.1 certify that (1) (this hosp	oital) attended the deceas	sed from	, 19	, to		, 19,	that (1) (we) last
	saw the deceased alive a obove, (I) (we) (did) (did n	of) view the body often d	ath. 19, ar	id that in (my) (aur) apinian	death accurred on the do	ate and ha	ivi and from the	causes stated
1	22b. SIGNATURE	TU	2	DEGREE ATTENDING .	MEDICAL STAF	·¢	22c. BA/E	SIGNED
4	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0	PHYSICIAN 2	DIRECTOR PHYSIC		10/3	0186
		0						
1	23a. BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	234 LOCATION		L'OUNTY.	STATE .
1	BuriaL	9/2/86	Berkley	Memorial	Darlingto	on, Ha	riord, Ma	aryland
I)	24 FUNERAL DIRECTOR	171 = 100			E REC'D. BY REGISTRAR			

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE 00-15636 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWNXX MONTH 7b HOUR (TYPE OR PRINT) ELAY IS NECESSARY, MEAN-TO THE FUNERAL DIRECTOR. I PAGE 5 FOR YOUR FILES. BE FILED, WITHIN 72 HOURS NS. 201 W. PRESTON STREET, ESTI-DEATH MATED Webb Margaret 19 86 8-14 4. RACE DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 11:18 DATE YEAR LAST BIRTHDAY) PRONOUNCED 4 22 1086 6 64 Female White DEAD a . M 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY USA Missouri WIDOWED [DIVORCED Harford County, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Stenographer Fallston Fallston General Hospital USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONAL 20005 3ª STATE WashingtonDC 13d. INSIDE CITY LIMITS? 1 500 1 AND 2 SHOU Mass Apt Wash.DC YES X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Gibson Arnold Webb Martha 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES! Eugene R. Webb Same as #13E Apt NO Unknown CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Ruptured Dissecting Aortic Aneurysm DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF PRIOR TO BURI YES KX NO 踞 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARD TO FUNER TORE PATER DEECTOR: PATER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 XX 22s. I certify that Ltook charge at the remains described abaye, held on Autapsy Inspection Inquiry ond in my opinion Natural courses Homicide Undetermined manner 8-15-86 Assistant EXAMINER'S NAME 111 Penn St., Balto., Md. 21201 Dennis F. SMyth, M.D. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Cremation 08-15-86 Security Process Catonsville, Balto. 07/84 BP. 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR DHANH - 17 Julia Davidson WR A15 ME (51) Cremation Society of MD, Baltimore, MD



				STATE OF MAKTLAND		
-16228	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0 6	2 7 0
10770	L DE	CEASED NAME FIRST	MIDDLE	LAST	REG NO.	DAY YEAR 26 HOUR
page 3 ter death		OR RRINT)				28 1100K
3	3 SE	cami	e Frances	S DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY	18 86 M
			* RACE	MONTH DAY YEAR	AGE (IN TEARS LAST BIRTHDAT)	MONTHS DATS HOURS MIN.
-	_	EINHIE	WHITE	8 20 1914	7/ YRS	
Syn	/a. B	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	IY OF DEATH
162	1	V. Y.	u. 5/1.	WIDOWED DIVORCED	Harford	MD.
1	10 C	TY OR TOWN OF DEATH	111 NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	126 KIND OF BUSINESS OR
100		vie de grace	Harford Memo		RET. CAIVER	
3/2	130.	AL RESIDENCE (I) NURSING HOUR	DTHER INSTITUTION GIVE RESIDENCE BEFORE		13e STREET ADDRESS / ZIP CO	DE HOIVE
27	1/	M.D. CECI	1 RISINS SU		23 BERKIEY	Rd. 21911
1	H F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N		
1/x/	14	HTHONY	Woll	CIARE	WIDDLE	MILLER
30	169/	VAS DECEASED EVER IN U.S. AF		RITY NO. 17 INFORMANT	ADDRESS	
16	1	VES NO OR UNKNOWN) [IF YES GI	VE WAR OR DATES)	7-5437 Delmar	WOERNER	(SAME AS 13 Abur
1	-	18 CAUSE OF DEATH (Enter o		100 - 40	1 4 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		PART L DEATH WAS CAUSE	D BY.	106 FNIC J	140CK	BETWEEN ONSET AND DEATH
- 5-		IMMEDIA	TE CAUSE (o)	2 (0	1000	
	1	Conditions if any still	DUE TO, OR AS A CONSEQUE	STRIPLE G	TRACT	
rematian		Conditions, if any, which gave rise to immediate	(b) OV	of Circ Cia		
d, crem		couse (a), stating the underlying couse last.	DUE TO, OR AS A PONSERUE	Stall (CUETTA)	10 -	
or o		DARKS ON STREET	((c) 000 (1.00		•
njury.	z	A SELECTION OF THE PARTY OF THE	CONDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION G	IVEN IN PART 110
brion to	I E	ME DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	28s. AUTOPSY? 28s. 8-1	E5, WERE FINDINGS USED
0 5 /	CERTIFICATION	and of the second	THE CONDITION TO WHICH	OTENNION WHI PERFORMED	IN CERT	TIFYING CAUSES OF DEATH?
B -	E	21s. ACCREMI WAS IMPORTANTED TO	1 21k TIME OF INJURY	THE HOW BUILDINGS OF STREET		YES NO D
		OR CONTRIBUTING CAUSE OF DE	The state of the s	Y YEAR	RRED CENTER WATER OF FAILEY IN TEN 18	FART (CR FART 2)
Mental Mental	MEDICAL	OF BITHER, HOTHER HEDICAL FRANCISE		19		
2	MEG	214 INJURY OCCURRED	THE PLACE OF INJURY (ATHOME STREET, FACTORS, OFFICE, IN	MN.CC.) INST	city disjoints	COUNTY STATE
ork		AT WORLD AT WORLD	1		dia	es .
E 2		A SECURE OF THE RESIDENCE OF THE PARTY OF TH	tal) and dee to deceased from_	08/4 19-8	6 to 0 1 K	19 0 9 that (1) (we) fast
of 1	9	say the deceased alive or allow, (II (we) (did) (did or	It) view the body oftendeath.	ond that in (my) (our) opinio	n death occurred on the date and hi	our and from the causes stated
Dept f Iten	8	THE GNATURE	In Dans	DEGREE	2	THE DASE NONED
ore D		Somene	muchyn	ATTENDING PHYSICIAN	MEDICAL STAFF	1 Wells
TAN		226 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e AODRESS	70	1 2 2 2 2
should be detained with the State Limportant: If		DAN 18	MONDE	10 towe	ale Disco, a	W 2018
533	23e E	URIAL, CREMATION, REMOVAL	23b. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	
	1	BUNIA!		ENEZER CEMITY	RISINIS SCAL	COUNTY STATE
	24 FI	NERAL DIRECTOR	7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		ATE REC'D. BY REGISTRAR 256 REGIS	
50M 7/84 5, 4)	-	The France	2 ADDRESS	Suu No A	US 25 1098 Li	K . So .
"	1	- 1 FUARD	101119-	A. A	UD ZO ILINE GRAN	Best dans it charles like

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